PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred In Ward) a hospital or institution, give its NAME is number.) certi propel PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE | 5 SINGLE, 3 SEX 16 DATE OF DEATH MARRIED WILLO pe De OR DIVORCED may (Write the word) ....(Dav) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased See instruction (Month) (Day) (Year) that I last saw had alive on Alle 7 AGE IIf LESS than and that death occurred on the date stated above, at I day hrs. terms or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work plai (b) General nature of industry important. business, or establishment in (Duration) n which employed or (employer) MARGIN 9 BIRTHPLACE Secondary (State or country) DA (Duration) 10 NAME OF (Signed) Shore 1922 (Address) 11 BIRTHPLACE USE OF FATHER LZ \*State the I is use Causing Death, or, In deaths from D O (State or country Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal, 12 MAIDEN NAME O 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER (State or country) 0 Where was disease contracted, if not at place of dea.h? 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Former or (Informant Less. Cara R. Grove usual residence Every it CIANS stateme pospert Nacl Camela DATE OF BURIAL 20 UNDERTAKER ADDRESS 054 Labout If more blanks are needed, address Ltate Registrar, 18 W. Saratoga St., Belto., Requesting V. S. No. 1. View. Penn R.R. - Wis Cora

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, work; or At Hame, and children, not gainfully em-ployed as At school, or At home. Care should be taken en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) Housemaid, et:. If the occupation has been changed to report specifically the occupations of persons endefinite salary, may be entered as Housewife, House-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only not paid Housekeepers who receive a worked on may form part of the second statement.

Never return "Laborer." "Foreman," "Manager," "Deal-(a) Foremen, etc., engineer, especially in industrial employments, it is neces-For many occupations a yrs. For persons who have no occupation Farm laborer. Laborer-Coal mine, etc. Wom-(b). Cottan mill; (a) Salesman. without more precise specification as Day Compositor, Architect, Locomotive engineer, (b) Automobile factory. The material Stationary fireman, etc. But in many single word or term on (4) Grocery;

Strtement of Cause of Death—Name, first, the DISEALL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death telanus) may be stated under the head of "eontributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicacmia," "PUERPERAL peritonitis," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stited unless important. Example: Measles (disease approved by Committee on as fracture of skull, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarconia, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY cough; or intercurrent) Chronic and consequences (e.g., sepsis etc. The contributory affection need not be valvular heart Namaslature disease;

American Medical Association.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent furtice, correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND Baltimore CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME instend of street <sup>2</sup>FULL NAME number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR BACE 5 SINGLE, 3 SEX BINDING WIDOWED. OR DIVORCED Write the word) 6 DATE OF BIRTH Month) (Day) (Year) and that death occured on the date stated above, at ... 7 AGE IIf LESS than I day hrs. ESERVED 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE MARGIN (State or country) (Duration) 10 NAME OF FATHER UM 2 1800 (Address) & Brang From 11 BIRTHPLACE \*State the Discase Causing Death or, in deaths from Violent Caus s, state (1) Means of Argury and (2) whether Accidental, Suicidal or Homicidal. OF FATHER (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE OF MOTHER of death. O yis (State or country) if not st place of death? Filed If more banke are needed, addross State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it state occupation at beginning of illness. If retired from Spinnor, (b) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worlied on may form part of the second statement. Never return 'Laborer,'" (Foreman," "Manager," "Dealwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a ention is very important, so that the relative health less of various pursuits can be known. The quesreport specifically the occupations of persons en-Foreman, to know engineer, Stationary fireman, etc. But in many For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, At Home, and children, without more precise specification as Day Cotton mill; (a) Salesman. (a) the kind of work and also (b) the (b) Automobile factory. The material Laborer--Coal mine, etc. Wom-Locomotive engineer, not gainfully em-(6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal foor (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever never report "Typhoid Pheumonia"); Lobar prenments. Bronchopneumonia ("Pneumonia,"

> atic, "Atrophy" "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmeumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" tclanus) may be stated under the head of "contributory" carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. "PJERPERAL septicacmia," "PUERTERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Whodynug cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-Chronic interstitial nephritis, American Medical Association.) Examples: Accidental drowning; Struck by railway train-.... (name origin : "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJUNY for malignant neoplasms); Chronic valvular heart Example: Measles (disease etc. The contributory Nomenclature Always qualify all disease; Measles,

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S. No. 1

Exact	PLACE OF DEATH County Sallmore	08434 STATE OF MARYLAND CERTIFICATE OF DEATH
rly classified tificate.	Village or City formers Rom Bat 2FULL NAME adolph J. al	Registration Dist. No
properly of certifi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
may be pr n back of	Male While Single, MARRIED, WIDOWED WIDOWED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
that it ma	6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  192 to , 192 , 1
terms so t	7 AGE 23 yrs. 4 mos. 25 ds. lf LESS than l day hrs. or min.?	1/20/12
piain nt. Se	(a) Trade, profession of farmel particular kind of work  (b) General nature of industry businesa, or establishment in	(Duration) yrs mos de
EATH In importa	9 BIRTHPLACE (State or country) Maryland	Contributory Secondary  (Quration)  yrs
oF DI s very	10 NAME OF FATHER adolph abend	(Signed) (Ca M. B. )
CAUSE TION IS	IN BIRTHPLACE OF FATHER (State or country) U 12 MAIDEN NAME  (State or country)	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Meana of Injury and (2) Whether Accidental, Suicidal or Homicidal.
d state C	OF MOTHER ON SA SCHMING  13 BIRTHPLACE OF MOTHER (State or Country) Sermany	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)  At place of deathyrsmosds.
should ent of	(Informant) Odelh - Lubend	Where was disease contracted, if not at place of dea.h?
CIANS	(Address Hundlers Rom	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL B. Peters Sutheran eneley from 10, 120
	Filed 6 10 19830 9 a tuty	Frederick Desser Jones Hulleston

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on without more precise specification as Day

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inges, pertonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid tclanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all " Uraemia, "Exhaustion," "Heart failure, Liaemonines, "Shock," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association approved by Committee as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases Chronic interstitial nephritis, Whooping cough; (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as " "Weakness," etc., when a definite disease Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature of the

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" Uraemia, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, causing death), 29 ds.; Bronchopncumonia (secondary), st.ted unless important. use of "Tumor" inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature carbolic acid—probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertlonitis," etc. can be ascertained as the cause. Always qualify all "E haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) tclanus) may be stated under the head of "contributory." as fracture of skull, and eonsequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, Chronic interstitial nephritis, Whooping cough; Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condifor malignant neoplasms); Measles; Chronic Example: Measles (disease etc. valvular heart disease; The contributory

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S No. 1

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	06435
PLACE OF BEATH	STATE OF MARYLAND
County Action on	© CERTIFICATE OF DEATH
	Registration Dist. No. 44
Village or City Odgemere (No. Abance 2FULL NAME Stell Consider	fort (Correct and of street and of street and of street and on the steed of street and the street a
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
undetermed white OR DIVORCED (Write the word)	16 DATE OF DEATH June 2123, 19230
6 DATE OF BIRTH	(Month) (Day) (Year)
June 21 / 1/30	
(Month) (Day) (Year)	that I last saw halive on, 192
7 AGE   If LESS than   I day hrs.   mos.   ds.   or min.?	and that death occurred on the date stated above, atm The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or	Rtill bond
Sparticular kind of work	Prinature
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosda
9 BIRTHPLACE (State or country) Md	Contributory Secondary
10 NAME OF FATHER FIRST LACE  11 BIRTH LACE	(Signed) (Address) Marcuslein
C FATHER  (State or country)  It malben Name	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Sibyl S. Wranham  13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place In the
(State or Country)	of deathyrsmosds. Stateyrsmosds Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea.h?
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(Address) Edgemer	South Shus Aparis 19
Filed Inu 22 79230 4 Ma (mics ha	20 UNDERTAKER Laboratory
If more banks are needed, addre.s Ltate Kegistrar	, 16 W. Saratoga St., Balto., Requesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

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> "E:haustion," "Heart failure," "Ilaemorrhage,"
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	7 A	GE	/	-	(Month)		(Day)	(Year
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-	( p	a) Trade, articular k	profession ind of w	ork		u-c	cut	ter
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		(Informa	nt) M	rs.	Nos	3	lor	ight
		(1)	drass)	56	2 7	Ful	trul	are

08844 STATE OF MARYLAND

CERTIFICATE OF DEATH.

Registration Dist. No.

K	lou Franch so. Ward (If death occurred in
h	Juberkulosis Sanatrum (If death occurred in a hospitul or institution, give its NAME II - steed of street and number.)
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH Organt 22, 1930
	(Month) (Day) (Year)
3	that I last saw h I'm alive on lugust 21, 1970,
an rs.	and that death occurred on the date stated above, at # 10 A.m. The CAUSE OF DEATH * was as follows:
1.?	Pulmonary hemorrhad
	January Pour Vous
	Contributory Lelisticary Suberculpin
	Contributory Culculary Suber subsides
-	(Signed tolu a. Aulth, ) M. D.
-	4. State the Discase Causing Death, or, in deaths from
_	Jiolent Causes, stam (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	ients or Recent Residents)  At place O yrs. 2 mos. 4 ds. State 47yrs. 2 mos. 4 ds.
-	Where was diseese contracted, Mulliuowing Agent of not at place of dee.h?
1	Former or 1652 + ltsu are 130th Not.

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto , Requesting V. S. No. 1.

OF BURIAL

V. S. No. 1

Filed

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm loborer, Laborer-Coal mine, etc. Womwithout more precise specification as Doy Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all " Uraemia, "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Corcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy train-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-" "Weakness," etc., when a definite disease or intercurrent) Chronic Example: Measles (disease etc. The contributory affection need not be valvular heart disease; Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 26 1930
BURE LU V. S

V. 8. No. 1

1		LY, PHYSI-
MARGIN RESERVED FOR BINDING	WITH UNFADING INKTHIS IS A PERMANENT CORD	mation should be carefully supplied. ACE should be stated EXACTLY, PHYSI-

	PLACE OF DEATH  County Baltimore	O151 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
V	Fillage or City <u>Catonoulle</u> (No. t	Farlen Lodge St.: Ward) (If death occurred in a hospital or institution, give its NAME Is
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	SEX 4 COLOR OR RACE 5 SINGLE.  MARRIED, widowed or DIVORCED (Write the word)	16 DATE OF DEATH  January 28, 1930  (Month) (Day) (Yest)
	Telruary 14, 1867 (Monch) (Day) (Year)  AGE	17 I HEREBY CERTIFY, That I attended the deceased from December 1924 to January 28, 1930, that I last saw her alive on January 28, 1930, and that death occurred on the date stated above, at 2:30 pm.
	6 2 yrs. /1 mos. 14 ds. or min.?	The CAUSE OF DEATH * was as follows:
D	(a) Trade, profession or particular kind of work	
0	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. 4 nos. ds.
9	BIRTHPLACE (State or country) Vuguna	Contributory Secondary  (Duration) yrs
	10 NAME OF FATHER — Richardson	(Signed) Wurkush Dunton, A. M. D.
1	OF FATHER (State or country)  Unguine	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	OF MOTHER WALLE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place 6 yrs. 3 mos. 6 ds. 9 In the State yrs. mos. ds.
-	(State or country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of death?
	(Informant) M.M. Dunton, Jr.	Former or usual residence W. Mulberry St. Baltingry.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Catousville	Greenmount Cemetery Jan. 31, 1930
1	Filed 1930 Alloham Registrar	Terry W. Mearselow 805 4. Calvery
	If more blanks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The queswhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocetc., For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebros: inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Exhaustion," "Heart failure," "Inamition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless importan+ inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as use of "Tumor" for malignant neoplasms); Measles, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on "Uraemia," "Weakness," etc., when a definite disease "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condior intercurrent) affection need Chronic statement of cause of Example: Measles (disease chopneumonia (secondary), valvular heart disease, etc. The contributory not

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S. No. 1

PLACE OF DEATH County County County	STATE OF MARYLAND CERTIFICATE OF DEATH
Villago Reils on Point (No. 906 F. 2FULL NAME albina P.	Registration Dist. No.  St.: Ward)  Allen  Registration Dist. No.  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE MARRIED MARRIED WIDOWED.  Temale Wildowed (Write the word)	16 DATE OF DEATH Dec 23 , 1930 (Month) (Day) (Year)
Sept 26, 1862 (Month) (Day) (Year)	that last saw h evalue on 546 23 1920,
7 AGE    S   S   S   S   S   S   S   S   S	The CAUSE OF DEATH * was as follows:
particular kind of work  (b) General nature of industry fusiness, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  1. DIRTURNACE	(Durstion) / yrs. mos ds.  Contributory learning for free free free free free free free
OF FATHER  (State or country) on don Co, Va  12 MAIDEN DAME  OF MOTHER  OF MOTHER  (State or Country) ou dan Co Va  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Meshs of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted, if not at place of death?  Former or
(Address) 906 - Street  (Address) 906 - Street  Filed DED. 25 19230 Stychmick n. 2  Registrar	19 PLACE OF BURIAL OR REMOVAL  Medo Thirt Cometing Dec 26, 1930 20 UNDERTAKER Septemon ma Address  John & Demmy 715 Light St
If more blanks are needed, address State Registrate	16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more processed mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (teor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer of Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); American Medical Association.) approved as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, Whooping ...... (name origin; "Cancer" is lcss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., FOR VIOLENT DEATHS State MEANS OF INJURY Never report mere symptoms or terminal condiby Committee on cough; " "Marasmus," "Old Age," "Shock," Chronic Carcinoma, Sarcoma, etc., of affection need not be etc. The contributory valvular heart Nomenclature disease; Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

CORD IN , WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING

V. S. No. 1

	d.
	N. BEvery Item of information should be carefully supplied. ACE should be stated EXACTLY, PP CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. statement of OCCUPATION is very important. See instructions on back of certificate.
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Village or City Batonsurlage Afring.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  (If death occurred in a hospital or institution, give its NAME ins
	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Widowed, OR DIVORCED  (Write the word)	16 DATE OF DEATH Q 4 25 1/ 1920 (Month) (Day) (Year)
7 AGE  (Month)  (Day)  (Year)  (ILESS than I day hrs. or min.)	17 I HEREBY CERTIFY, That I attended the deceased from  1920, to Octo 1920, 1920, that I last saw hamalive on Octo 1920, and that death occurred on the date stated above, at 2 m. The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER OF FATHER (State or country)  11 BIRTHPLACE (State or country)  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 A A A A A A A A A A A A A A A A A A A	Chr Buterstatel Heberta.  (Duration) yrs mos ds.  Contributory Chres Sclotonia Secondary  Duration) Tyrs mos ds.  (Signed) Pold M. D.  *State the Disease Causing Death, or, In deatha from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Clabelth Jones  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs. L. mos. 27 ds. In the State Loyrs. mos. ds.  Where was disease contracted, In the State Loyrs. mos. ds.  Former or young residence Lalloton Male
(Address) Tolon Manual (Address) Tolon Manual (Address) Tolon Manual (Address) Tolon Manual (Address State Registrar (Add	DATE OF BURIAL OR REMOVAL DATE OF BURIAL  Broad Breek Ben Perfor Oct. 29 1930  20 UNDERTAKER  Beiley Derlington Mg  16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the husiness or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (fe-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womyrs). For persons who have no occupation without more precise specification as Day Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiral fever (the only definite synonym is "Epidemic cerebrospiral meningitis"); Diphtheria (avoid use of "Croup") Spinal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the American Medical Association.) tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, (secondary Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-," "Weakness," etc., when a definite disease or intercurrent) affection need not be Example: Measles (disease

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V. S. No. 1

PLACE OF DEATH County Ballinore	05237 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30
Village or City Catonsville (No. Sp. 2FULL NAME mary Theresa	allenbergh (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4 COLOR OR RACE 5 SINGLE MARRIED, WIDOWED OR BIVORCES (Write the word)	16 DATE OF DEATH , 1930
Sep. 9, 1904.  (tonth) (Day) (Year)	that I last saw her alive on way 6, 1930,
7 AGE 25 yrs. mos. 2 ds. lf LESS than l day hrs. or min.?	and that death occurred on the date stated above, at 6:15 P.m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	
which employed or (employer)  9 BIRTHPLACE (State or country) Ballings City  10 NAME OF FATHER Patrick Noonan	Contributory Secondary  Durstion yrs. mos des.  (Signed)  Oct Carrell M. D.  Ma 6 1980 (Address) Catonsvillo M.
OF FATHER  (State or country) Baltimore City  12 MAIDEN NAME OF MOTHER  OF MOTHER  (State or country) Baltimore  (State or country) Baltimore  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death
(Informant) J. Id. allenbeugh (Address) 517 Brunswich St Baltines	Former or usual residence
Filed 5 Registrar  If more blanks are receded address course Registrar	Tudy fassin fulleting, 16 W. Saratoga St., Palto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servent, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Housemaid, etc. to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and laborer, eases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits ean be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, OF For many occupations a single word or term on yrs). Form laborer, (b) Cotton mill; (a) Salesmon, (b) Grocery;man, (b) Automobile foctory. The material At Home, and children, not gainfully emwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation If the occupation has been changed Laborer--Coal mine, etc. Womalso (b) the

Statement of Cause of Death—Name, first, the DIST EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal force (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway troinor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonitis," diseases resulting from ehildbirth or miscarriage as "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, can be ascertained as the cause. Always qualify all stated unless important tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. use of "Tumor" for malignant neoplasms); Measles. inges, peritonoeum, etc., Carcinoma, Sorcoma, etc., of Chronic interstitial nephritis, Whooping cough; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-Chronic Example: Measles (disease chopneumonia (secondary) etc. The contributory affection need not be valvular heart disease

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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V. S. No. 1

PLACE OF DEATH County Balticeore Village or City Clas W (NGL 2FULL NAME Clearly Wall	STATE OF MARYLAND  CERTIFICATE OF DEATH  Registration Dist. No.  St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
B BEX  4 COLOR OR RACE  MARRIED, WIDOWED. OR DIVORCED (Write the word)  5 DATE OF BIRTH  (Month) (Day) (Year)	(Month) (Day) (Year) (Month) I HEREBY CERTIFY, That I attended the deceased from 192 to 192 , 192 , that I last saw h alive on 192 , 193 ,
yrsds.   fLESS than    dayhrs.    ormin.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary  (Durstion)  (Durstion)
11 BIRTHPLACE OF FATHER (State or country)  10 NAME OF WILLIAM COLOR  OF COUNTRY)  OLOR  OF COUNTRY  OLOR  O	(Signed)
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE  OF MOTHER  (State of Country)  (State of Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted.
(Informant) Wm, allevely  (Address) Chase Med.	if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Provel Run DATE OF BURIAL  ADDRESS
Filed Oct. 1) 1980 John S. Connelly Registrat	Wm. allewelle Chare Ind.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b)
(o) Foreman, fulness of various pursuits can be known. The ques cupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; i sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from loborer, Form loborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, tion applies to each and every person, irrespective o whatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servont, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on (b) Cotton mill; (a) Salesmon, without more precise specification as Day , (b) Automobile factory. The materia For persons who have no occupation Stationary firemon, etc. But in many Locomolive engineer, 9 Grocery,

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrostinal meningitis"); Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of death "(Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. Whooping cough; American Medical Association.) approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by roilway troinor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease taken. FOR VIOLENT DEATHS State MEANS OF INJURY ..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-'Congenital," "Senile," etc.), "Dropsy, Chronic valvular heart disease etc. The contributory Measles ;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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	N. BEvery Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-	CIANS	statement of OCCUPATION is very important. See instructions on back of certificate.
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PLACE OF DEATH	65545 STATE OF MARYLAND
County Saltingers	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Chass (No	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Oorothy Sus	fion, give its NAME is stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale Color or RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED Sugard (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h Erst alive on Cangarat 19 19220
7 AGE    If LESS than   I day   hrs.   day	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work lot Consumed	That Prostration
business, or establishment in which employed or (employer)	(Durstion) yre
9 BIRTHPLACE (State or country) Muniform	Contributory Secondary  (Duration) yrs de.
10 NAME OF William allunder	(Signed) fresh. It. alse conques
OF FATHER  (State or country)  Manyland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sussis Univin Cooper	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Manufactured	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Susie annie allender	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Chass Maryland	Chase md. ang: (1, 1930
Filed ang. 10 1980 John J. Commelling Registrar	20 UNDERTAKER ADDRESS Chare
If more blanks are needed, addres State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sho sary tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealado nati cases, Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-(a) Physician, whatever, write None. For many occupations a single word or term on especially in industrial employments, it is necesknow (a) the kind of work and also (b) the line is provided for the latter statement; it used only when needed. As examples: (a) Compositor, he business or industry, and therefore an Cotton mill; (a) Salesman, (b) Grocery; (b) Automobile factory. The material who are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. But in many Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is loss definite; avoid approved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY " "Marasmus," "Old Age," "Shock," Chronic etc. The contributory valvular heart disease;

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V. S. No. 1

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N. B.—Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly-classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD WRITE

Village or City Middle River (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.: Ward) (If death occurred in a heapital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE.  MARRIED. Married WIDOWED. OR DIVORCED (Write the word)  6 DATE OF BIRTH  (Month) (Day) (Year)	16 DATE OF DEATH Office 3 1 , 1930
7 AGE    If LESS than   I day hrs.   or min.     OCCUPATION   (a) Trade, profession or particular kind of work   Jeans for	and that death occurred on the date stated above, atm.  The CAUSE OF DEATH * was as follows:  Chronic valvular heart disease
(b) General nature of industry William Horsey business, or establishment in which employed or (employer) Sumber Consp.  9 BIRTHPLACE (State or country) Harrland  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country) 11 - language  (State or country) 14 - language  (Sta	(Signed) (Address)
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trenslents or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted, if not et place of death?  Former or
(Informant) Ernest Allonder  (Address) 1819 & Madison St.  Filed Oct, 3 192 John G. Grnelh  Registrar  If more branks are needed, address State Registrar	19 PLACE OF BURIAL OR REMOVAL  Gravel Pur Country  20 UNDERTAKER  Colvard Bryan  16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (re household only (not paid Housekeepers who receive a loborer, Form laborer, Loborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foremon, For many occupations a especially in industrial employments, it is neceswithout more precise specification as Doy (b) Automobile foctory. The material single word or term on 9 Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospina fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup") Typhoid fever (never report "Typhoid Pneumonia") Lobor pneumonia, Bronchopneumonia ("Pneumonia")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease telonus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," (Inanition," "Marasmus," "Old Age," "Shock," American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicoemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sorcoma, etc., ol Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

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NOV

PLACE OF DEATH	02588 STATE OF MARYLAND
County Calletter	CERTIFICATE OF DEATH Registration Dist. No.
Village or City 2yan (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME CIMANDE	salet alleray tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE   5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  Mach 22, 1930  (Month) (Day) (Year)
6 DATE OF BIRTH 72 , 1844	17 I HEREBY CERTIFY, That I attended the deceased from 1928 to March 22, 1928, that I last saw h 42 alive on March 21, 1920.
(Month) (Day) (Year) 7 AGE	and that death occurred on the date stated above at
I dayhrs.	
yrs	apter Olegungslahm
8 OCCUPATION (a) Trade, profession or	Chrom Nephlos
particular kind of work  (b) General nature of industry	arlino Segussos
business, or establishment in	(Duration) 7 or mos de.
which employed or (employer)	Contributory Secondary
(State or country)	(Duration)ds.
10 NAME OF FATHER	(Signed) B BELLIN M. D.
0 11 BIRTHPLACE	Ma 22 1923 (Address) Cressquie mer
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, 1, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sarah a alexan	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of death yrs mos ds. State yrs mos ds.
(State or Country)	Where was disease contracted, if not at place of dea.h?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence
(Informant)	19 PCACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Jy a ma	They tark &a May 24. 1020
Filed Many 2 192 B Registrar	Lough Well Town Home Pe
If more blanks are needed, address tate Registral	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) cases, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of octired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material Compositor, For persons who have no occupation mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia, " "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY can be ascertained as the cause. Always qualify all "Atrophy," "Collapse," "Coma," "Convulsions," perilonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular heart disease; etc., of

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V. S. No. 1

PLACE OF DEATH County Baltmore	07667 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 25
Village or City Parkton (No. Ind. 2FULL NAME Philips Thomas (	St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) Surgle	16 DATE OF DEATH July 3/ , 1930 (Math) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	HEREBY CERTIFY, That attended the deceased from 30 1925 to 1925 that I last saw handlive on Janly 30, 1923
7 AGE    If LESS than   I day hrs. or min.?	
(a) Trade, profession or particular kind of work	Hat Exhaustion
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory (Durstion)yrsmos2d
10 NAME OF FATHER NILL Co Ind  10 NAME OF FATHER State of Country)  11 BIRTHPLACE OF FATHER (State of country)  12 MAIDEN NAME OF MOTHER CHAPTER (State of Country)  13 BIRTHPLACE OF MOTHER (State of Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed)  (Signe
(Informant) Swin afmoney  (Address) Parloton, Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL William Charles of Burial Charles of Bu
Filed July 31 1920 In, Both held	P. Markelin Low White Hale he
V If more blanks are needed, address State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

en at home, state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., without more, Laborer—Coal mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. worked on may form part of the second statement. Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. Never return "Laborer," "Foreman," "Manager," "Dealnner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). without more precise specification as Day specifically the occupations of persons en-Compositor, Architect, who are engaged in the duties of the For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease approved by telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite).; Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY . (name origin; "Cancer" is less definite; avoid cough; Committee on Chronic etc. The contributory valvular heart disease; Nomenclature of the

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	ENT	stated E) properly of certific
BINDING	S IS A PERMANENT	should be
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	PLACE OF DEATH County Ballewine	0152 S
	age or City Wotel Cliff (No.	(3 <i>I</i> )
1	2FULL NAME Sister Mary Bruns	Umend
1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL C
3 s	ex 4 COLOR OR RACE 5 SINGLE,  MARRIED.  WHOOMED.  OR DIVORCED  (Write the word) Lingle	16 DATE OF DEATH
6 D	ATE OF BIRTH	17 I HEREBY CER
	(Month) (Day) (Year)	that I last saw heraliv
7 A	89 yrs. 2 mos. /8 ds or min.?	and that death occured on The CAUSE OF DEATH * 1
bi w	a) Trade, profession or articular kind of work  b) General nature of industry usiness, or establishment in which employed or (employer)  RETHPLACE  (State or country)  Aphoil Meich	Contributory Secondary
NTS	10 NAME OF FATHER Sebastian annual  11 BIRTHPLACE OF FATHER (State or country)  Lemany	(Signed) 192 (Ac
PARE	12 MAIDEN NAME Margaret Westrich	Accidental, Suicidal or Ho
1	13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Info pant)  Address)  Latel Cliff Med	At place of death
15	Filed Jan 3 193 & L. F. H. Gonnels	20 UNDERTAKEN

TATE OF MARYLAND RTIFICATE OF DEATH Registration Dist. No. 48 (If death occurred in a hospital or institu-tion, give its NAME int.: Ward) stead of street and number.) ERTIFICATE OF DEATH TIFY, That I attended the deceased from 924. to Jan 2 ..... 1930. the date stated above, at 4.15 P m. vas as follows: concary Lerbeculosis ... (Duration) / 0 yrs mos (Duration) Causing Death, or, in deatha from ) Means of Injury and ICE (For Hospitals, Institutions, Trans-In the State......yrs.......ds

If more blanks are needed, address State Registrar, 16 W. Saratogn St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Laborer should be used only when needed. As examples: (a) tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House er," etc., without more precise specification as Day laborer, Farm lchorer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g. . Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Physician, Compositor, Architect, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octo report specifically the occupations of persons en-Foreman, to ongineer. Stationary fireman, etc. But in many For many occupations a single word or term on especially in industrial employments, it is neces-(b) Collon mill; (a) Salesman. sman, (b) Automobile factory. know (3) the kind of work and also (b) the Locomotive engineer, The muterial (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synchym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Heart failure," Haemorinage, "Shock," (Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. inges, peritonacum, etc., Carcinoma, Sarcoma, telanus) may be stated under the head of "contributory. curbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMECIDAL, State cause for which surgical operation was under-"Debility" causing death), 29 ds.; Bronchopmeumonia (secondary) (secondary Chronic interstitial nephritis, use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train can be ascertained as the cause. Whooping cough; American Medical Association.) ..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions," FOR VIOLENT DEATHS state MEANS OF INJURY by ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, or intercurrent) affection need not be Committee on for malignant neoplasms); Mcasles; Chronic Example: Measles (disease etc. The contributory valendar heart Nomenclature of the Always qualify all discuse; etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A. Ithe data is essential and must be obtained before the certificate is permanently filed.

If this certical answered in details essent permanently fill permanently f

1		PHYSI-
	CORD	I EXACTLY rly classific lificate.
SINDING	PERMANENT	it may be stated it may be prope s on back of cert
FOR	IS A	So that
MARGIN RESERVED FOR BINDING	WRITE AIM, WITH UNFADING INKTHIS IS A PERMANENT CORD	Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	WRITE	Every Item o CIANS shoul statement of

1PLACE OF DEATH	07668 STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH
70	Registration Dist. No. 938
TOWARD CANATASH M TOWARD	
Village or City FUDOWOOD SANATORAM, TOWSON.  2FULL NAME Class Cruss	MD. St.: Ward) (If death occurred in a hospital or institution, give its NAME instend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, - Married WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 4 , 1930 (Year)
6 DATE OF BIRTH  Marde 19 1892	17 I HEREBY CERTIFY, That I attended the deceased from October 24, 1928, to July 4, 1930,
(Month) (Day) (Year)	that I last saw har alive on July , 9, 1930,
7 AGE If LESS than	
37 yrs. 3 mos. 35 ds. or min.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	P. O. Tuberlosio
(a) Trade, profession or particular kind of work	
(b) General nature of industry usiness, or establishment in	(Duration) 9 yrs, mos, ds.
which employed or (employer)	Contributory
(State or country) time usundel and	Secondary (Duration) yrsmosds.
10 NAME OF	(Signed) NG Bukgs M. D.
FATHER Cher. F. Roley Cl	1930 (Address) Towson, Maryland.
11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homleidal.
of Mother not   Comme	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Hospital Records Personal History	Where was disease contracted, if not at place of dea.h? Unknown  Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Eudowood Sanatorium, Towson, Md.	Loudon lank few July 7, 1930
15 - Oule 5 1000 Van P Butter Des	20 UNDERTAKER ADDRESS

If more blanks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealsary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocreport specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Stationary fireman, etc. person, irrespective of But in many

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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If this certificate is looked over those why and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be physical before the certificate is permanently sieth.



	PLACE OF DEATH
	County 10 elternors
Vil	Hago or City Batonsville Ap
/	2 FULL NAME Mary Quees
	PERSONAL AND STATISTICAL PARTICULARS
3 5	GEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Maned WIDOWED, OR DIVORCED (Write the word)
6 1	May 23, 1869 (Month) (Day) (Year)
7 4	GE GE GE GENERAL GENER
- N	a) Trade, profession or sarticular kind of work b) General nature of industry susiness, or establishment in which employed or (employer)
9 E	(State or country)
ITS	10 NAME OF FATHER OF GROWN GRO
PARENT	12 MAIDEN NAME OF MOTHER WAY LITTLE
	13 BIRTHPLACE OF MOTHER (State or Country)
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
	(Informant) John Quederau
15	(Address) 100 M. Charles III
	Filed 1927 Registrar

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No. (If death occurred in a hospital or institu-

	*************************************	stead of number.)	street and
MEDICAL	L CERTIFICATE	OF DEATH	
16 DATE OF DEATH	Dec.	24.	19230
	(Month)	(Day)	(Year)
See /	ERTIFY, That I	ettended the dec	192
that I last saw h On	alive on ods	2 = 2 =	3. 1920
and that death occurred The CAUSE OF DEATH	* was as follows:	ed above, at	m,
Labar	fin 2 dans		
Contributory Secondary	plica	forte	~
(Signed) (Pole)	(Durstion)	yrem	08. O.de.
(Signed) ( 45 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	(Address) Ca	tonsull	3 27c
*State the Dise Violent Causes, state Accidental, Suicidal or	ase Causing Deat (1) Means of Homicidal.	h, or, in deat Injury and (2)	hs from Whether
18 LENGTH OF RESIDENTS OF RECENT RESIDENTS	dents)		
At place of deathyrsmos		he tate 20 yrs	mosds,

Where was disease contracted, if not at place of death?....

20 UNDERTAKER

ADDRESS

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

M

(Approved by U. S. Census and American Public Health Association.)

laborer, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Former state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DRATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it Civil engineer, Physician, Compositor, Architect, report specifically the occupations of persons en-Foremon, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). Farm laborer, Loborer-Coal mine, etc. Wom-(b) Collon mill; (a) Salesmon, without more precise specification as Day 6 For persons who have no occupation Stationory fireman, etc. But in many Automobile foctory. The material person, irrespective of Locomolive engineer, (b) Grocery,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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PLACE OF DEATH STATE OF MARYLAND County 1 3 alto CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE | 5 SINGLE. 3 SEX 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from 19250 to Det 30 (Day) 7 AGE Ilf LESS than and that death occurred on the date stated above, at ..... I day hrs. The CAUSE OF DEATH \* was as follows: ds. or min.? 8 OCCUPATION 99 (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) impo Contributory Secondary (State or country) ( & alt 10 NAME OF (Signed) 11 BIRTHPLACE RENTS Information si state CAUSE OF FATHER \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether (State or country) Accidental, Suicidal or Homicidal, 12 MAIDEN NAME 4 OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-O. ients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER (State or Country) Where was disesse contracted, if not at place of dea.h?. Former or usual residence ...

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registration Dist. No.

(Month) (Day)

(Duration) ..

(Duration)

In the

number.)

(If death occurred in a hospital or institution, give its NAME is stead of street and

(Year)\_

(Approved by U. S. Census and American Public Health Association.)

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Sp 10

PLACE OF DEATH County Baltemase	O1352 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30
Village or City Catorsilube Apreno	(If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. WIDOWED. Wildow OR DIVORCED (Write the word)	16 DATE OF DEATH Zelo, 19230 (Month) (Day) (Year)
6 DATE OF BIRTH  May 54, 1848  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Apr 26 1919 to Fell 0, 1930 that I last saw h 2 alive on Fell 9 , 1930
7 AGE    State	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country) 10 NAME OF FATHER HOME DOB'SKY	Chr. Inter Deplements  (Duration) vis. mos. ds.  Contributory Literio School Secondary  (Duration) vis. mos. ds.  (Signed) Vis. mos. ds.  (Signed) O 1930 (Address) Catoriar lb Ma
OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  (State or Country)	At place of death Oyrs
(Informant) Mollie Katten  (Address) 15-W-Eagu II	Former or usual residence Declaration DATE OF BURIAL  19 PLACE OF BURIAL DR REMOVAL  DATE OF BURIAL  NEW WAYNER OF 2-11-39 19
Filed Fel (0 1930 C Mayfe att Registral	20 UNDERTAKER Levia, 1431 Bals p
If more b.anks are needed, addre.s Ltate Negistrar	, 16 W. Stratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., without more precise and mine, etc. Wom-laborer, Rorm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Sulesman, nature of the business or industry, and therefore an Physician, Compositor, Architect, tion applies to each and every person, irrespective ci whatever, write None. or given up on account of the DISEASE GAUSING DEATH, to report specifically the occupations of persons enhousehold only (not raid Housekeepers who receive a business, that fact may be indicated thus; Farmer (re-Foreman, (b) Automobile factory. The material many occupations a single word or term on Locomolive engineer, (6) Grocery;

Streement of Cause of Death—Name, first, the DISEANE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal main meningitis"); Diphtheria (avoid use of "Croup"); Iy, hold fever (never report "Typhaid Pneumonia"); Labar preumonia, Bronchopneumonia ("Pneumonia,")

3

"Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E haustion," "Heart failure," "Haemorrhage, "E.haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease st.ted unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic ocid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitiol nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railwoy train-State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvulor heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH  County Sollo  Village or City Jyndon (No	St.: Ward) (If death occurred in the hospital or institute in the large of the large in the large of the large in the larg
2FULL NAME Herge aren	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male whele Single, Married OR DIVORCES (Write the word)	16 DATE OF DEATH May /3 , 1986 (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the decembed from 1929, to Weey 3, 1927, that I last saw h Amalive on Way 3, 1927.
7 AGE  Of yrs. // mos. /2 ds. or min.?	and that death occurred on the date stated above, at 4 Pm. The CAUSE OF DEATH * was as follows:  Acut Deletole of heart
occupation (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs, mos / ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  (UNENOWEN	Contributory Secondary  Secondary  (Duration) Z. yrs inos ds.  (Signed) When the company M. D.  May (1 1923) (Address) Glyssof ar Use of
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, et, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.  Where wes disease contracted,
(Informant) Hamman & areal	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Drued Ridyb lemmy May 16, 1930.
Filed 11 1920, A M Alfall Registrar  If more banks are needed, address State Registrar	ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ABOUT MILL  AG W. Saratega St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise speciments. Wom-loborer, Farm loborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the state occupation at beginning of illness. If retired from Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, gaged in dome-tic service for wages, as Servant, Cook, Housemand, etc. If the occupation has been changed ployed as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a (o) Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation (b) Cotton mill; (b) Automobile factory. The material (o.) Salesman, (b) The ques-

Statement of Gause of Death—Name, first, the Dis-EALE CUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis curbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicidc; Poisoned by Examples: Accidental drowning; Struck by roilway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid inges, perilonacum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death (secondary or intercurrent) affection need not be American Medical Association.) resulting from childbirth or miscarriage as Chronic valendar heart disease; Carcinoma, Sarconia, etc., of etc. The contributory Meosles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

PLACE OF DEATH  County Baltimore	02589 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30
Village or City Woodlawn (No 2 FULL NAME Annie Aring	2321 Birch Road St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, MARRIED, WIDOWED OR DIVORCEVIL OF (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from
Aug. 1 1870 (Month) (Day) , 1	that I last saw h M. alive on March 10, 1920.
7 AGE If LESS I day	than hrs. The CAUSE OF DEATH % was as follows:
(a) Frace, profession of particular kind of work. Housework.  (b) General nature of industry business, or establishment in which employed or (employer).  9 BIRTHPLACE (State or country) Balto. Md.	(Duration) yrs mos ds,  (Contributory Secondary (Duration)
10 NAME OF Lunroe Smith	(Signed) (Signed) (Address) 120 3. W. Fayette 31.
II BIRTHPLACE OF FATHER (State or country)  England	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
12 MAIDEN NAME OF MOTHER Catherine Jordon	Accidental, Suicidal or Homicidal,  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)  1 reland	At place of deathyrsmosda. In the State,yrsmosda.
(Informant) Walter J. Aring (Address) 2321 Birch Road	Former or usual residence
Filed 3/12 1925 All Registra	Druid Ridge Cemetery 4,193.2  20 UNDERTAKER  Ser D. Hew M. Cally 130 G. From  istrar. 16 W. Saratoga St., Balto., Requestion V. S. No. 1

#### STATE OF MARYLAND CERTIFICATE OF DEATH

1	a ho	pital	occurs or ir	atitu-
	stead aumb	of	street	and

MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH (Month)	11 , 193.0 (Year)
17 I HEREBY CERTIFY, That I at	tended the deceased from
June 5 192 8, to M.	ouch 11 , 192 0
that I last saw h M. alive on Ma	
and that death occurred on the date state	d above, at 9,3A.A.m
The CAUSE OF DEATH & was as follows:	
<u>O</u>	ver 1 yr. 9 mo
(Duration)	yramos
Contributory Secondary	
(Duration)	
(Signed)	M.I
3-12 - 1920. (Address) 129.3.	W. Fagette 31
*State the Disease Causing Deatl Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal,	n, or, in deaths from jury: and (2) whether
18 LENGTH OF RESIDENCE (For Hos lents, or Recent Residents)	
A l In th	e te,yrsmosd
Where was disease contracted, if not at place of death?	
Former or usual residence.	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemete	ry /14.193.
20 UNDERTAKER	ADDRESS

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthbusiness, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persous enhousehold only (not pald Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. whatever, write None. tired 6 yrs.). For persons who have no occupation Housemuid, etc. If the occupation has been changed (a) Foreman, (b) Automobile factory. The material Statement of Occupation-Precise statement of oc-For many occupations a single word or term on The ques-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

quences (e.g., sepsis, totanus) may be stated under the train-accident; Revolver wound of head-homicide; diseases resulting from childbirth or miscarriage as rhage," "Inanition," "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menment of cause of death approved by Committee on head of "contributory." (Recommendations on stateture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. Examples: Accidental drowning; Struck by railrow as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or State cause for which surgical operation was under-"PUERPERAL septicacmia." "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Uraemia," "Weakness." etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsious," "Debility" ("Congenital," "Seulle," etc.), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory ......(name origin; "Cancer" Is less definite; avoid Nomenclature of the American Medical Association.) Whooping cough; FOR VIOLENT DEATHS STATE MIMANS OF INJURY Chronic valvular heart disease; Always qualify all The na-(merely (second-(disease

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S No. 1

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N. B.

PLACE OF DEATH, County Bultunore	09707	STATE OF MARYLAND CERTIFICATE OF DEATH
	(49)	Registration Dist. No. 34
Village or City / reulon (No. 2FULL NAME Betha V. Con	nacost	St.: Ward)  (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDIO	CAL CERTIFICATE OF DEATH
Jense White Single, Married, Milowed. Marked (Write the word)	16 DATE OF DEATH	
6 DATE OF BIRTH  (Month) (Day) (Year)	april 10	Y CERTIFY, That I attended the deceased from 1920, to Cary 3/4, 1920,
7 AGE  43 yrs. 6 mos. 10 ds.   If LESS than   I day	The CAUSE OF DEA	TH * was as follows:
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Primary in	convol amph glands right
business, or establishment in which employed or (employer)		(Duration) 5 yrs. 5 mos do.
(State or country)  10 NAME OF FATHER  H Whithington  11 BIRTHPLACE	(Signed) Cyril (	O (Duration) yes. 1 mos. ds.  D. Sawble M. D.  O (Address) Upperson mos.
OF FATHER (State or country)  12 Malden Name	*State the I Violent Causes, s Accidental, Suicidal	is ase Causing Death, or, in deaths from tate (1) Means of Injury and (2) Whether or Homicidal.
of Mother Mua Wheeler  13 BIRTHPLACE OF MOTHER  Many again	ients or Recent R  At place of deathyss	In the
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease con it not at place of des	
(Informant) Huber amacost	Former or usual residence	
(Address) Upperes no	not give	DATE OF BURIAL Select 7, 1923
Filed Sept 1980 C. E. Fouth M. V. Local Registrum	20 UNDERTAKER	Giton Hampstead
If more blanks are needed, addre.s State Negistrar	, 18 W. Saratoga St.,	Balto,, Requesting V. S. No. 1. M.

(Approved by U. S. Census : nd American Fublic Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise operations, etc. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to e.ch and every person, irrespective of fulness of various pursuits can be known. The quoscupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). Compositor, Architect, Locomotive engineer, For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Tylhoid fever (never report "Typhcid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

st\_ted unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tctanus) may be stated under the head of "contributory." "Uraemia, "" "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Drcpsy," (E:haustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary ..... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.X or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory

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3. No. 1

	PLACE OF DEATH  PLACE OF DEATH  Ounty Sallowere	STATE OF MARYLAND CERTIFICATE OF DEATH
	00/2	Registration Dist. No.
	Village or City Jucous (No	St.: Ward) (if death occurred in a hospital or institution, give its NAME instead of street end number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH JULE 25, 1936 (Month) (Day) (Year)
	6 DATE OF BIRTH  Way /8 , 1865- (Month) (Day) (Year)	that I last sow h alive on June 24, 19236
	7 AGE  If LESS than I dayhrs. ormin.?	and that death occured on the date stated above, at 34 A.m.  The CAUSE OF DEATH * was as follows:  The CAUSE OF DEATH * was as follows:
0	(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Precision) yes mo26 de
	9 BIRTHPLACE (State or country) Ballowice Cornely 10 NAME OF FATHER Welcher armoust	Contributory Secondary  Secondary  Secondary  Suration 15 yrs mos ds.  (Signed)  Ourself  M. D.
	11 BIRTHPLACE OF FATHER (State or country) WE 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	*State the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country)  M. Ol	ients or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted,
	(Informant) LOO III. ONVOCAS.  (Address) Justin	if not at place of death?  Former or usual residence
	Filed 1960 B Branch degistres	20 UNDERTINER BUN Seres Tousan.  1.26 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescaration is very important, so that the relative health. Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) sary to know the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, worked on may form part of the second statement. Wever return 'Laborer,'""Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, Laborerwithout more precise specification as Day win are engaged in the duties of the (b) Automobile factory. The material (a) the kind of work and also (b) the Stotionary fireman, etc. But in many -Coal mine, etc. (6) Grocery; Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia,")

> "Inanition," "Marasmus,
> "Uraemia," "Weakness," etc., whon a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Exhaustion," "Heart "Old Age, stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, diseases resulting from childbirth or miscarriage as "PJERPERAL septieuemia," "TUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory" State cause for which surgical operation was undercan be ascertained as the cause. (secondary or intercurrent) affection need not be Chronic interstitud nephritis, American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, ..... (name origin: "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJUNY cough; for mulignant neoplasus); Chronic Example: Measles (disease valrular heart disease; etc. The contributory Nomenclature Always qualify all " Shock, Meusles , etc., of

If this certificate is 1 oked over thoroughly and a.l questions anawered in detail, it will prevent further correspondence. . . the data is essential and must be obtained before the cartificate is permanently filed.

V S. No. 1

N. B.-

PLACE OF DEATH  County Baltimore	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 886
Village or City FUDOWOOD SANATORAM. TOWSON,  2FULL NAME Wissifred June 9	tion give its NAMF i
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single, single MARRIED.  White Widowed.  OR DIVORCED (Write the word)	16 DATE OF DEATH , 1930
6 DATE OF BIRTH    June   12   19/3   (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased fro  November 1/1929 to January 14, 1930  that I last saw half alive on January 13, 1930.
7 AGE  16 yrs. mos. ds. or min.?	
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) /(+) yrs. mos. (Contributory Secondary
10 NAME OF FATHER arthur armstrong	(Signed) (Address) TOWSON, Maryland
11 BIRTHPLACE OF FATHER (State or country) Fermanagh, Ireland.  12 MAIDEN NAME  12 MAIDEN NAME  15 To The State of Country of of	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  12 MAIDEN NAME Der othy Painter  (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs. 2 mos. ds. State yrs. mos. mos.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE HOSpital Records Personal History, (Informant)	Where was disease contracted. Unknown if not at place of deah?  Former or washing ton U.C.
Eudowagd Sanatorium, Towson, Md.	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  OUN /6 , 193  ADDRESS MARCHANEL  ADDRESS M
Filed Au / 5 1980 Registrary	Slewart Moruen No millo Cene r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery, (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screaul, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. eupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on Compositor, Architect, Locomotive engineer, The ques-Grocery;

Statement of Cause of Death—Name, first, the DISEANE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

BUREAU

telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropky," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease approved by Committee on carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, Examples: Accidental drowning; Struck by railway train-American Medical Association.) .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; " "Marasmus," "Old Age," "Shock," Chronic and consequences (e. g., sepsis, etc. valvular heart Nomenclature of the The contributory not# be disease;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE

N. B.

V. S. No. 1

X		Fxact
	CORD	d. ACE should be stated EXACTLY, PHYSI- so that it may be properly classified. Exact
FOR BINDING	S IS A PERMANENT INCORD	should be state
FOR	S IS A	d. ACE

PLACE OF DEATH County County	03956 STATE OF MARYLAND CERTIFICATE OF DEATH
11 0.	Registration Dist. No. 4
Village or City Hyae (No	St.: Ward)  (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Wale Wute Single, MARRIED, WIDOWED.  (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
Month) (Day), 1864	than last saw han alive on Mall 14, 1930,
7 AGE  66 yrs.   mos. 2 ds.   If LESS than   day hrs.   or min.?	and that death occurred on the date stated above, at 8,200 m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry	(MIN HOMONAGE
business, or establishment in which employed or (employer)	(Durstion) yrs. mos de,
(State or country)  10 NAME OF FATHER  FOR THE COUNTRY  STATE COUN	Secondary (Duration)  The secondary  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)
OF FATHER (State or country)  12 MAIDEN NAME OF THE STATE	/*State the Diseaso Causing Death, or, in deaths from Violent Causea, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Medica Nebel Motor	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.
(State or Country)	Where was disease contracted,
(Informant)	if not at place of death?  Former or usual residence
(Address) 2787 Yazzgon Blut.	Dund Ridge Com april 28, 1830
Filed UM. 28 1923 J. H. Gorswell Registrar	Clarence E. author Fork who
The same that the same and a district Projection	16 W Separage St. Balto Penuesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the engineer, Stationary fireman, etc. But in many For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid approved by Committee on carbolic acid-probably suicide. The n ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underas fracture of skull, and consequences (e.g., sepsis, "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJULY Chronic valvular heart disease; nephritis, etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V S No.

1 liontina	08846 STATE OF MARYLAND
County	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Mes Creek (No. North Da	Rota ar St.: Ward) (if death occurred a hospital or institution, give its NAME is stend of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
Mall white or over the word)	(Month) (Day) (Year).
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Mc 8th 1930	192 to, 192
(Month (Day) (Year)	that I last saw halive on, 192
7 AGE / If LESS than	and that death occurred on the date stated above, at
l day hrs.	The CAUSE OF DEATH was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	still bom infant (3 mo)
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsd
(b) General nature of industry business, or establishment in	Contributory Secondary
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER James L. Asher	Contributory Secondary  (Durstion)  (Signed)  M. D
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  MULL  (STATE OF COUNTRY)  11 BIRTHPLACE	Contributory Secondary  (Signed) 1 (Durstion) yrs mos de  (Signed) 9 19230 (Address) Donus Sent
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  2 OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER TAULE Chillips	Contributory Secondary  (Durstion)  (Signed)  M. D
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  OF FATHER  (State or country)  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  OF MOTHER  14 OF MOTHER  15 BIRTHPLACE OF MOTHER	(Sixued) (Durstion) (Sixued) (Durstion) (Durstion) (Sixued) (M. F. M.
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 MIDEN NAME OF MOTHER (State or Country)  15 BIRTHPLACE OF MOTHER (State or Country)	Contributory Secondary  (Speed) (Durstion)  *State the Disesse Csusing Death, or, in deaths from riolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place In the of death yes mos ds.  Where was disesse contracted,
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 Majpen Name OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEOGE	Contributory Secondary  (Durstion)  (Stated)  (State the Disease Causing Death, or, in deaths from Accidental, Suicidal or Homicidal.  18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrsmos. ds.
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 MIDEN NAME OF MOTHER (State or Country)  15 BIRTHPLACE OF MOTHER (State or Country)	Contributory Secondary  (Durstion)  (Signed)  (Signed)
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  OF FATHER  (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NIME OF MOTHER OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TAME TO THE BEST OF MY KNOWLEGGE (Informant)  (In	Contributory Secondary  (Signed)  *State the Disesse Csusing Death, or, in deaths from iolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LINGTH OF RISIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs

(Approved by U. S. Census end American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from er," etc., without more precise agreement, without more precise and mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia. should be used only when necded. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housevile, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a first line will be sufficient, e. g., Farmer or Planler, For many occupations a single word or term on yrs). For persons who have no occupation (a) the kind of work and also (b) the Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> st\_ted unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.:haustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as accidental, suicidal or Homicidal, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (sccondary), (secondar) or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY . (name origin; "Cancer" is less definite; avoid by Committee on cough; Chronicetc. The contributory valvular heart disease; Nomenclature not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

	PLACE OF DEATH  County Baltimore	05239 STATE OF MARYLAND CERTIFICATE OF DEATH
		Registration Dist. No. 98
ricate.	Village or City EUDOWOOD SANATORIUM, TOWSON 2FULL NAME Clarence at a	MD. St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Cert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	3 SEX  4 COLOR OR RACE  MARRIED, Manuel  Widowed  OR DIVORCED  (Write the word)	16 DATE OF DEATH ) 1930 (Month) /6 (Day) /930 (Year)
1 110 8110	G DATE OF BIRTH  (Month)  (Day)  (Year)	that I last saw h Malive on May 16 1980,
nstract	7 AGE  3 / yrs. 9 mos.   ds.   lf LESS than   l day hrs.   or min.?	and that death occurred on the date stated above, at
266	(a) Trade, profession or particular kind of work	Oulminay Suberculous
tant.	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 3 yrs. mos de.
mpor	9 BIRTHPLACE (State or country) White Post Va	Contributory Secondary  (Durgingh) wis mos ds.
s very	10 NAME OF Gerge at Lin	(Signed) M.D. 5/16/1930 (Address) Towson, Maryland:
2	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Y	of Mother Collymna Pullin	B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmos./2 ds. In the State 30 yrsds.
5	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h? Unknown
1UA	Hospital Records Personal History	Former or usual residence 3704, Oakmount ave, salls
latem	Eudowood, Sanatorium, Towson, Md.	Using Bridge Id 5/19-, 1931
D	Filed May 16 190 Am P. Sulter Del	Harry & Wiske tolmonder are
1	If more blanks are needed, addre. a State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekcepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, " etc., For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. Locomolive engineer, But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> atie), "Atropny, Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Inemorrhage," "Shock," "Old Age," "Shock," when a definite disease tetanus) may be stated under the head of "contributory. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomatic). "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is loss definite; avoid American Medical Association. approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, State cause for which surgical operation was under-Chronic interstitial nephritis, etc. Whooping cough; (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary or unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJULY intercurrent) Chronic valvular heart disease; affection need The contributory not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be observed before the certificate is permanently filed.

RECEIVED.

N. B.

PLACE OF DEATH	06437 STATE OF MARYLAND
County Balling	(29) CERTIFICATE OF DEATH
DA ile 1 DR.	F. Registration Dist. No. 30
Village or City Carus MU Willo: Spring  2FULL NAME Hemis	five plate (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.  MARRIED, WIDOWED.  OR DIVORCED  (Write the word)	16 DATE OF DEATH LUCE 2, 1936 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Usventu 25 , 1848	192 7. to June 192 76
(Month) (Day) (Year)	that I last snw h alive on fluid 7, 1927,
7 AGE   If LESS than   I dayhrs.	and that death occurred on the tate stated above, at
yrs. moa. ds. or min.?  8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Alu Relisabel Nephun
business, or establishment in which employed or (employer)	(Duration) yrsmosds.
9 BIRTHPLACE (State or country)	Contributory College Description
10 NAME OF FATHER WWW Offices	(Signed) June Gurstion No. 778, mos. de.  (Signed) M. D.  (Mull 219230 (Address) Caluantle red.
OF FATHER (State or country)	*State the lis ase Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Gliga With Clayfor	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLAGE OF MOTHER (State or Country)	At place of deathyrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of doa.h?
(Informant) Acurie L'alkus	Former or usual residence Cauchy Tuel —  19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
(Address) Janelsfinou Wed	Western Cem June 4, 19 30
15 Filed B/2 13 Mellengh	Mr Mus. J. W. Tenfel v Son Soi Mr. Payetto
If more banks are needed, address two registras	r, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from ployed, as Ai school, or Ai home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). g ged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseer," etc., additional line is provided for the latter statement; it business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Peal-Civil engineer, Physician, Compositor, Architect, report specifically the occupations of persons enfirst line will be sufficient, e.g., Farmer or Planler, sicium, Compositor, Architect, Locomotive engineer, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, ctc. Womwithout more precise specification as Day For persons who have no occupation Stationary firemon, etc. But in many

Statement of Cause of Death—Name, first, the DIS-BACE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinul meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,"

> ings, peritonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Exhaustion," "Heart failure, Haemon uage, "Shock, "Old Age," "Shock, "Shock, "Admit Alcoad "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably swieide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), (secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) Chronie Example: Measles (disease etc. The contributory valvular heart affection need not disease;

If this certificate is looked over program of a qu stions answered in detail, it will press of further the certificate is descential and lest be of the refore the ce ificate is permanently filed.

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	(Informant)	Ja	mus	ark	ton	hod
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If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. Ko. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in St.: Ward) n hospital er institution, give its NAME In-stend of street and number.)

MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) -(Day) I HEREBY CERTIFY, That I attended the deceased from that I last saw h \_\_\_\_allve on \_\_\_\_ The CAUSE OF DEATH \* was as follows: Contributory Secondary (Duration) \*State the Discase Causing Death/ or, in Violent Caus s, state (1) Means of Jujury Accidental, Suicidal or Homicidal. and 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transienta or Recent Residents) In the At place Where was disease contracted, if not at place of death?. usual residence. DATE OF BURIAL

No.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemoid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As example: a additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fareman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. For persons who have no occupation (a) the kind of work and also (b) the (b) Gracery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lohar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. lelunus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinona, Sorcoma, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, curbolic acid-probably suicide. accident; Revolver wound of hand-homicide; Possoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. (secondary American Medical Association.) (Recommendations on statement of cause of death .... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY g cough; Chronic interstitial nephritis, or intercurrent) affection need not be ss important. Example: Meusles (discase and consequences (e. g., sepsis, valvular heart disease; The nature of the injury, etc. The contributory Always qualify all etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

No. 82

PLACE OF DEATH County Baltimore	10118 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Towson (No. 32)	Jenox anest: Ward)  All death occurred in a hospital or institution, give its NAME instead of street and sumber.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX   4 COLOR OR BACE   5 SINGLE,	16 DATE OF DEATH
Female Colored MARRIED, WIDOWED WI downed (Write the word)	(Month) (Day) (Day)  I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	8 - 8 192 A. to 9 - 16 - 192/1.
2 7 1871	that I last saw how alive on 9 - 1.5 - , 193.D.
(Month) (Day) (Year) 7 AGE	and that death occurred on the date stated above, at 2.30 9 m.
l dayhrs.	The CAUSE OF DEATH of was as follows:
	Chebal homomhage
(a) Trade, profession or particular kind of work.	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yre noe of de.
9 BIRTHPLACE (State or country) Baltimine 6: md	Secondary My Cliffer Thypulant on the Secondary
10 NAME OF FATHER Anha Harras	(Signed) Jan Ramella M. D.
H BIRTHPLACE OF FATHER (State or Chustry)  12 MAIDEN NAME OF NOTHER	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Snicidal or Homicidal.
of MOTHER ONLA	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
18 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs. mos. da. State, yrs. mos. da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Robert Thomas	Former or usual residence
(Address) 3 W Lengy are Jourson	Mf. 31'cn derig 2419, 19 30
Filed Sept 16 1980 VI Country Dy Registrar	Mish, a. Ellet a rulen day
U more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewifs, House at litional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthstate occupation at beginning of lliness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, to report specifically the oce pations of persons enployed, as At school or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. nature of the business or industry, and therefore an sary to know Civil engineer, Stationary firemen, etc. Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. business, that fact may be indicated thus: Farmer (re Housemaid, etc. If the occupation has been changed (a) Foreman, (b) Automobile factory. Whatever, write Nonc. is 5d & yre.). Statement of Occupation-Precise statement of ocetc., applies to each and every person, irrespective of For many occupations a single word or or At Home, and children, not gainfully emwithout more precise specification as Day (a) the kind of work and also (b) the For persons who have no occupation -Coal mine, etc. Wom. As examples: (a) The material But in many The ques-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphiheria (avold use of "Croup"); Typhoid fever (never report "Typhoid pneumonia.")

unqualified, is indefinite); Tuberoulosis of lungs, men symptomatic). "Atrophy," "Collapse," conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., quences train-accident: Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Werkness." etc., when a definite disease rhage." "luanition." "Marasmus," "Old Age." "Shock," "Dropsy," "Exhaustion," "Heart Chronic interstitial nephritis, etc. Nomenclature of the American Medical Association.) ment of cause of death approved by ture of the injury. as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The na-Examples: taken. For VIOLENT DEATHS State MEANS OF INJURI State cause for which surgical operation was under-"Puerperal septicuemia." "Puerperal peritonitis," vulsions." (secondary or intercurrent) affection need Whooping cough; ...... (name origin; "Cancer" is less definite; avoid deuth), 29 de.; Bronchopneumonia "contributory." (Recommendations on state-(e. g., sepsis. tetanus) may be stated under the "Debility" Accidental drouning; Chrenic valvular heart disease; ("Congenital," "Senile," etc.), Carcinomu, Sarcoma, etc., of Example: Measles "Апастів" fallure." Struck by railway Always qualify all The contributory "Соша," Committee on "Haemor Meastes; (merely terminal (second (discase not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspond ence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH  Balling	97146 STATE OF MARYLAND CERTIFICATE OF DEATH
County	(90) Registration Dist. No
Village or City Jourson (No. 320 Lo	North St.: Ward)  (If death occurred in a hospital or institu- ion, give its NAME in- etend of street and
2 FULL NAME WM. Daniel Cy	dunièr,)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, WHOOWED OR DIVORCED (Write the word)	(Month) (Day) , 192 )
6 DATE OF HIRTH	17 I HEREBY CERTIFY, That I attended the decensed from
(Month) (Day) (Year)	that I last saw h
7 AGE  If LESS than I dayhrs.  yrs	The CAUSE OF DEATH & was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Contributory (Mylwww.
(State or country) (2alts to . mg	(Signed) Tang (Duration) yrs. mos. de (Signed) — 7—192. (Address) 10.29 N. Strackly 16
OF FATHER (State or country) Ung Mount 12 MAHDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Unifluore	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents)  At place of deathyrsmosdadadada.
(Informant) Land William (Informant)	Where was disease contracted, if not at place of death?  Former or usual residence.
Filedne 10 1930 Mars Butter	20 UNDERTAKER ADDRESS
Registrar  U more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e. g., Farmer or Planter, should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISTASE CAUSING DEATH. gaged in domestic service for wages, as Servent, Cook, to report specifically the occ pations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary). may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement (a) Foreman, (b) Automobile factory. The material at litional line is provided for the latter statement; it nature of tile business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor. Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. Housemaid, etc. If the occupation has been changed tired 6 yrs.). For persons who have no occupation Statement of Occupation-Precise statement of oc-For many occupations a single word or term on various pursuits can be known. The ques--Coal mine, etc. Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

inges, peritonatum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia." "Angemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 de.; Bronchopneumonia stated unless important. Ohronic interstitial nephritis, etc. The contributory use of "Tumor" for mallgrant neoplasms); Meastes; ......(name origin; "Cancer" is less definite; avoid Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." (Recommendations on statequences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as accidental, SUICIDAL, OF HOMICIDAL, OF taken. For violent beaths state means of injust State cause for which surgical operation was under "PURPERAL septicuemia." "PUERPERAL peritonitis," "Uraemia," "Weakness." etc., when a definite disease "Dropsy." "Exhaustion." "Heart failure," "Haemorvulsions," (secondary or intercurrent) affection need not be Whooping cough; Poisoned by carbolic acid-probably suicide. The na Examples: Accidental decurning; Struck by railway "Debility" ("Congenital," "Senile," etc.) Chronic valvular heart disease; Example: Meastes (disease "Соша," (merely

If this certificate is looked over thoroughly and all questions snawered in detail, it will prevent further correspond ence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	61353 STATE OF MARYLAND
County Balt	CERTIFICATE OF DEATH
A STATE OF THE PARTY OF THE PAR	(57)
	Registration Disk No. 37
Village or City Calland (No.	St.: Ward) (If death occurred in a hospit i or institu-
2FULL NAME GORGIONA B	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
Female Wildowed OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
F.O. 9 19311	Mr 1 1920 10 Tel 21 1020
(Month) (Day) (Year)	that I last saw her alive on Jet 21 19280
7 AGE III LESS than	1.20
l day hrs.	m.
86 yrs. mos. H ds. or min.?	0.00
8 OCCUPATION (a) Trade, profession or	Sciafely-
particular kind of work	
(b) General nature of industry business, or establishment in	rumplegn
which employed or (employer)	(Devation)ds.
9 BIRTHPLACE (State or country) Censulvance	Contributory Secondary
10 NAME OF	(Duration) yrs
FATHER Roll. H. Dowell	(Signed) M. D.
OF FATHER	1934 (Address)
C 12 MAIDEN NAME	*State the Lisrase Causing Death, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER adeline White	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or country)	At place of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) nus - Harold W Chilles	Former or usual residence
(Address) ashland, and.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 71 11 D O O O TAM	20 UNDERTAKER ADDRESS ADDRESS
Filed 14 1/ 1930 (3 (3 (3 (3 (3 (3 (3 (3 (3 (3 (3 (3 (3	WIND I CLIPP
Registrar	on composition
If more branks are needed, address State Registras	, It w. Saratoga St., Balto., Requesting V. S. No. I.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; cases, especially in industrial employments, it is neces-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as Al school, or Al home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Physician, Compositor, Foreman, or At Home, and children, For many occupations a single word or term on Farm laborer, yrs). For persons who have no occupation Stationary fireman, etc. But iu many (b) Automobile factory. The material Luborer-Coul mine, etc. Wom-Architect, Locomotive not gainfully emengincer,

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Sylphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tetunus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. (secondary or intercurrent) affection need not be Whooping American Medical Association.) Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as cough; Committee on Chronic etc. The valvular heort diseuse Nomenclature of the Always qualify all contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V S. No. 1

Exa		
CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact	statement of OCCUPATION is very important. See instructions on back of certificate.	
HLY	upo	
DE	ry in	
C	s ve	
SE	_ N	
CA	E	
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8,70	ent	
(0)	tenn	
S	813	

PLACE OF DEATH	STATE OF MARYLAND
County	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Farrawy, Jol	200 Ave St.: Ward) (If death occurred in
	respond to the stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH OCN. 8 , 19236 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERNFY, That I attended the deceased from
Col 18" 1930	192 , 192 , ,
(Month) (Day) (Year)	that I last saw halive on
7 AGE	and that death occurred on the date stated above, atm.
yrs. mos. ds. or min.	The CAUSE OF DEATH * was as follows:
OCCUPATION 1	Otell for intant /2 mg
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)da.
9 BIRTHPLACE 20. 1	Contributory
(State or country)	(Duration) yis mos. ds.
FATHER Joseph F. Babyak	(Signed) (T) (John el (M. D.
OF FATHER	(UV 7 1923 Address) The Court of Doth
Z (State or country) Clustria  12 MAIDEN NAME) A TO SA	*State the Disease Csusing Desth, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother fatharme / Melick	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of deathyrsnosds, Stateyrsds,
(State or Country)	Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Tatharin Dalyall	usual residence
(Address) Lambaum	Out to Olin Washing
15 Filed Cov/9 1923 VI f. H. Comigna	20 UNDERTAKER ADDRESS Austonical Laboratory
If more blanks are needed, address tate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., without more record mine, etc. laborer, Farm laborer, Laborer—Coul mine, etc. fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salcsman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. tion applies to c.ch and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Nanager," "Deal-(a) Foreman, (b) Automobile factory. The material Physician, Compositor, Architect, whatever, write None. household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. first line will be sufficient, e. g., Farmer or Planler, For many occupations a single word or term on without more precise specification as Day Locomotive engineer, But in many (b) Grocery;

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemiz cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar preumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid-probably suicide. The n-ture of the injury, telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," st\_ted unless important. Example: Measles (disease ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Chronic interstitial nephrilis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic affection need valvular heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD WITH UNFADING INK--THIS IS A PERMANENT BINDING MARGIN RESERVED FOR WRITE P V. S. No. 1

PLACE OF DEATH County Allingue	14642 STATE OF MARYLAND CERTIFICATE OF DEATH
County	(88) Registration Dist, No. 36
Village or City Salousville (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
<sup>2</sup> FULL NAME	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 GOLOR OF RACE 5 SINGLE, MARKED, A WIDON ED. OF WINDOWS DO OF WINDOWS D	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH CLECKEROUN, 1852	17 I HEREBY CERTIFY, That I attended the deceased from 100c 23 19230 to 1920 14 19230,
(Month) (Day) (Year)  7 AGE    If LESS than   dayhrs.   ormin.?	The CAUSE OF DEATH * was as follows:
o OCCUPATION (a) Trade, profession or particular kind of work	acute Tuy oporalety
b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos 4 ds. Contributory Chronic Broushelf Swile
10 NAME OF PATHER MARINE ROLLING	(Signed) Ways alo B was M. D. Bo 25 19236 (Address) Calouxille Well
S OF FATHER Z (State of country) engineer	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death
14 THE ABOYE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Address) Calousville Mo	19-LACE OF DUBLIC REMOVAL DATE OF BURIAL SLE . 25 19 54
Filed / 1 - 193 Helder Registrar	Easlow Sous Eller all
If more branks are needed, address ctate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, whatever, write None. business, that fact may be indicated thus; Former (reco or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salcsman, without more precise specification as Day Locomotive (6) engincer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DÉATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

permanently filed

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

If this certificate is looked over thoroughly and all questions

stated unless important. Example: Measles (disease inges, perilonoeum, etc., Carcinomo, Sorcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senilc," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved occident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Whooping totanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by roilway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, cough; by Committee on Chronic valvular heart disease; etc. The contributory Nomenclature not be

Exact

	PLACE OF DEATH	13525
	County Balling	(bb)
Vi	llage or City Edgener (No. 1	rol
1	2FULL NAME William Baile	m
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL
3 :	Male White Single, MARRIED, WIDOWCED (Write the word)	16 DATE OF DEATH
6	DATE OF BIRTH	17 I HEREBY C
7	(Month) (Day) (Year)	that I last saw h
100	CCUPATION a) Trade, profession of //	acuto (
A PA	b) General nature of industry Juby:  b) General nature of industry Juby:  b) Juby:  c)	
	which employed or (employer)	Contributory Secondary
	10 NAME OF William Bailann 11 BIRTHPLACE	(Signed Morrison 1923)
ENTS	OF FATHER (State or country) UNKNOWN	*State the Disca Violent Causes, state Accidental, Suicidal or
PAR	of MOTHER Elizebetto Herry	18 LENGTH OF RESIL
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmos.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?.
	(Address) Elgenne mel	19 PLACE OF BURIAL
15	Filed 2001 15 19250 John S. Cormelly Registrary	John Connel

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

CERTIFICATE OF DEATH ERTIFY, That I attended the deceased from on the date stated above, at .... was as follows: ase Causing Death, or, in deaths from (1) Means of Injury and (2) Whether Homicidal. DENCE (For Hospitals, Institutions, Translents) In the ted.

OR REMOVAL

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. Ao. 1

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more process. To all mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesgaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Foreman, For many occupations a single word or term on (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrbage," "Shock," "Shock," (Recommendations on statement of cause of death "Inanition," "Marasmus, Ou Age, Succes, "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease ...... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicacmia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY interstitial nephritis, Chronic etc. valvular heart disease; The contributory not be

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WRITE

	PLACE OF DEATH	STATE OF MARYLAND
	County Sallmin.	12861 CERTIFICATE OF DEATH
	* *** *** *** *** *** *** *** *** ***	
	Carlowalle	Registration Dist. No.
	Village or CityNo	St: Ward) (If death' occurred in a hospital or institu-
	Eller alette M	tion, give its NAME in-
	2FULL NAME COMPANY "	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
5	Jennelle WIDOWED. Surgh	1920
2	(Write the word)	(Month) (Day) (Year)
	DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
	aryw 25, 1930	1929. to, 1920
	(Month) (Day) (Year)	that I last saw h alive on 1923
	7 AGE	and that death occurred on the date stated above, atm,
	yrs. mos. 12 ds or min.?	The CAUSE OF DEATH * was as follows:
	8 OCCUPATION	Comment Build
	(a) Trade, profession or particular kind of work	O remand organ
-	(b) General nature of industry	
	business, or establishment in	(Duration) yrs, mos, Z ds,
V	which employed or (employer)	Contributory
	BIRTHPLACE (State or country)	Secondary
	10 NAME OF	Durstion) yrs mos de.
	FATHER Trank Schuar Bake	(Signed) M. D.
2	IN 11 BIRTHPLACE	1923 QAddress) Colffee Sully
	OF FATHER (State or country)	*State the Disease Causing Death or, in daths from Violent Causes, state (1) Means of niury and (2) Whether Accidental, Suicidal or Homicidal.
	IL 12 MAIDEN NAME	
	of Mother Comme & Mary	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER	At place In the
	(State or Country)	of death
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	Men Tout Bake	Former or usual residence
	(Informant)	19 BEACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Cutaysulla Ma	to truck Center Oct 9 1,30
	15 Mal 7 OL MAN MAN	RO UNDERTAKEN ADDRESS
	Filed (1980 1) P (Summ) N. Registral	MVC Brooks Steart Mis
	If more hanks are needed address that Ballana	, I6 W. Saratoga St., Balto., Requesting V. S. Nogl.
	in more blanks are needed, addless state keystrar	, to an particular peri particul traducting to all traduction

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken nature of the business or industry, and therefore an Civil engineer, tion applies to each and every person, irrespective of whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercausing death), 29 ds.; Bronchopneumonia (secondary) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, taken. For violent deaths state means of injuny can be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; American Medical Association.) approved by Committee on Nomenclature of the Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi . (name origin; "Cancer" is less definite; avoid Chronic valvular heart disease, etc. The contributory

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County Paclimer	01354 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Sulperuble BF1	Registration Dist. No. 37
2FULL NAME COMES Salis	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STAT STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR BACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h
7 AGE Sute Rom   If LESS than I day hrs. mos. ds. or min.?	and that death occurred on the date stated above, atm,
(a) Trade, profession or particular kind of work	Porlehed Con
(b) General nature of industry business, or establishment in	(Duration) yrs, mos ds
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER Solvered Bakes	(Signed) (Address) (September 13 192 (Address)
OF FATHER (State or country)  W Long	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
of Mother Callinum & Ford	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In theyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Catherin Baker	Former or usual residence
(Address) Sulhaull mer	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 14, 19.32
Filed Jet 13 1930 B According Registrar	20 UN DERTAKER Bruker Spark May
16 man book and a land	10 W Control Con Date Description V C N. A.

(Approved by U. S. Census and American Public Health Association.)

worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealwork, tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, ,,, etc., Foreman, or At Home, and children, not gainfully ein-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womman, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); pyphoid fever (never report "Typhoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia");

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, can be ascertained as the cause. Always qualify all " Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-(secondary Whooping cough; Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiinterstitial nephritis, "Weakness," etc., when a definite disease or intercurrent) affection need not be Chronic Example: Measles (disease valvular heart disease; etc. The contributory Measles ;

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S. No. 1

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1PLACE OF DEATH	03957 STATE OF MARYLAND
County Selfa	CERTIFICATE OF DEATH
, 0 01	Registration Dist. No.
Village or City Mean Dolly Bules &	St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	
3 SEX / 4 COLOR OR RACE   5 SINGLE.	MEDICAL CERTIFICATE OF DEATH
Tude With the word	16 DATE OF DEATH  (Month) (Day) (Year)
Maxl 29H, 930	17 I HEREBY CERTIFY, That I attended the deceased from 1923. to July 1923
(Month) (Day) (Year)	that last saw h Ma alive on Offin 1930
7 AGE    If LESS than   I day hrs.	and that death occurred on the date stated above, at
Ca) Trade, profession or particular kind of work	Quelsions
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) (Dyre. of mos. de
State or country) Butter G-	Contributory Secondary (Durgion) Typy Times 2 de
10 NAME OF John Jas Baker	(Signed) 192 (Address) Research
OF FATHER (State or country)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER VOLUME	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place In the of deathyrsmosds, Stateyrsmosds
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
(Informant) John Jas Baken	Former or usual residence
(Address) During Juille Luf	Sullern Centley afrail (, 1930
Filed and 19230 Irrusels	120 UNDERTAKER Tawne froiting ADDRESS
If more blanks are needed, address tate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, g: ged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed us At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Form loborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Solesmon. (b) Grocery; man, (b) Automobile foctory. The material For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease American Medical Association.) telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicidc; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," tions, such as "Asthenia," "Anaemia" (merely symptomcausing Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meosles; approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by roilwoy train-.. (name origin; "Cancer" is Icss definite; avoid peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY death), 29 ds.; Bronchopncumonia (secondary) or intercurrent) Chronic affection need etc. The contributory valvular heart disease, not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

CORD

1 <sub>PLA</sub>	CE	OF	DEATH
County	Ba	alt	imore

02590

#### STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. 30
Village or City <u>Catonsville</u> (No. Woodlawn A	tion, give its NAME li- stead of street and
FOLL NAME 12155001 1 116 Danot	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single OR OR OR OR OR OR OR OF OR	Mar. 24, 1920
remaie   William (Write the word)	(Month) (Day) (Year)
(Month) (Day) (Year)	that I last saw han alive on March 24, 1930,
7 AGE  63 yrsds.   If LESS than     dayhrs. ormin.	and that death occurred on the date stated above, at 4 a.m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry  business, or establishment in School Teacher	Myocardial Failure
which employed or (employer) School Teacher	(Duretion) yrs. moe
9 BIRTHPLACE (State or country) Baltimore, Md.	Contributory Secondary  (Dustion)  (Dustion)  (Dustion)
FATHER Nelson Baker	(Signed)
OF FATHER (State or country) Pennsylvania	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
of Mother Ann R. Atherton	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	Where was disease contracted, if not at place of death?
(Informant) Mrs. H. H. Robinson	Former or usual residence
(Address) Catonsville,	Loudon Carl Cenatery Mar 26, 1930 ROUNDERTAKER A CANADARY AND STREET

If more blanks are needed, address State Registran 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

WRITE

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, ployed, as At school, or At home. Care should be taken Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, who are engaged in the duties of the For persons who have no occupation (b) Automobile factory. The material Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Ilaemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonilis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train— "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Committee on Chronic etc. valvular heart Nomenclature of the The contributory "Shock," disease;

If this certificate is looked ver thoroughly and all questions answered in detail, it will project further correspondence. All the data is essential and must be obtained by ore the certificate is permanently filed.



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PLACE OF DEATH	STATE OF MARYLAND
County Balleman	CERTIFICATE OF DEATH
A	Registration Dist, No. 4/
Village or City Dundyll (No.	St: Ward) (If death occurred in
2 FULL NAME William M. B	a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
B DATE OF BINTH	17   HEREBY CERTIFY, That I attended the deceased from
June 23, 1861	1930 to June 16 1930
(Month) (Day) (Year)	and that death occurred on the date stated above, at
10 l day hrs.	The CAUSE OF DEATH * was as follows:
g yrs. / mos. 23 ds. or min.?	Maria Manadt
la) Trade, profession or Physician	- mine in granus
(b) General nature of industry business, or eatabliahment in	Walana.
which employed or (employer)	Contributory 20 page 1
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF LAST	(Speed) Darson So. Harber M.D.
11 BIRTHPLACE	User 16 183 O(Address) of parries Point no
OF FATHER (State or country)  12 MAIDEN NAME	*State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother me Claim	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of desth yrs mos ds. State yrs ds.
(State or Country)	Where was disease contracted, if not at place of dea.h?
R. Da R. Ke	Former or usus residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Addresa) Hundal	Lewistown Pa 6/17/3.9.
Filed 6/17/30 / Marinen	Harry HUiske Elmondon ave
If more banks are needed, address tate Registra	, 16 W. Saratoga St., Bulto., Requesting V. S. No. 1.

No. 1 න් WRITE P

(Approved by U. S. Census and American Public Health Association.)

Spinner, er," etc., without more precise are laborer, Form loborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (0) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. Physician, Compositor, muer, (b) Cotton mill; (a) Salesman. (b) Grocery;
Foreman, (b) Automobile factory. The material For many occupations a single word or term on For persons who have no occupation Stationary: fireman, etc. But in many Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EA.T CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtherio (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,"

> tolanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death American Medical Association.) approved as fracture of skull, carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemio," "PUERPERAL peritonitis," etc. "Uraemia, "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJULY diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; ..... (name origin; "Cancer" is less definite; avoid Examples: Accidental drawning; Struck by railway train-(secondary "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Corcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiascertained as the cause. Always qualify all interstitial nephritis, by Committee on Nomenelature of the "Weakness," etc., when a definite disease " "Marasmus, or intercurrent) affection need not be Chronic and consequences (e. g., scpsis, " "Old Age, " "Shock," valvular heart disease; etc. The contributory Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

See instructions on back of certificate.

TION is very important.

#### STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE	OF DEATH					
County Baltimore				Registration Dist. No. 44		
	r City New Batt		(1	No. St., War death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U. S. If of foreign birth?		
2. FULL N						
(a) Resid	dence: No.	(Usual place	of abode)	St., Ward.  If nonresident give city or town and State		
PERSO	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX	4. COLOR OR RACE	5. SINGLE, MARI OR DIVORCEI	RIED. WIDOWED. O (write the word) Single	21. DATE OF DEATH Dec. 28, 193 O		
5a. If married, wid HUSBAND o (or) WIFE of	f and the second			22. I HEREBY CERTIFY, Mat I attended deceased fro		
6. DATE OF BIRT	H (month, day, and year)	Dec. 28.	1930	19, to, 19, 19, death is sai		
	Years Months STILLBORN	Days	If LESS than 1 day,hrs. ormin,	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and ralated causas of importance were as follows:		
< 9. Industry €	ofession, or particular of work done, as SPINNER, ER, BOOKKEEPER, etc. or business in which wes done, as SILK MILL, MILL, BANK, atc	NONE		STILLBORN		
year) 12. BIRTHPLACE	esed last worked at coupation (month and coupation (month and coupation).	11. Total times span occupant the G	pation	Other Contributory Causes of importance:		
(State or c	Arthur Baker					
14. BIRTHPLA (Steta	CE (city or town) Md		•	Name of operation Date of Was there an autopsy?		
15. MAIOEN NAME Mary A. Vitek  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Mary a Daker (Address) hew Daker grown				23. If deeth was due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?		
18. BURIAL, CREM	ation, or removal/	Date	Manner of Injury			
19. UNDERTAKER (Address) 20. FILED	Johns Hopkin	anaton Wim	Lat. Hechia	24. Was disease or injury in any way related to occupation of deceased?  If so, specify (Signed) S. M.		
	If more	blanks are needed, ac	Idress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

B.—WRITE PL.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1. week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	1
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	150
			19
ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY PHYSICIAN	. A &

Exact statement of OCCUPATION information -WRITE

BINDING

#### STANDARD CERTIFICATE OF DEATH

70700
DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS
Registered No. 37
St., Ward
ign birth? yrs mos ds.

	City	Coc	keysvi	110	No
	Length of re-	sidence in c	ity or town v	where death occ	urred yrs r
2	. FULL NAM (a) Residen	E St	illbor fooch	Baker 240 V-C	lly Mo
	PERSON	AL AND	STATIST	CAL PARTI	CULARS
3.	SEX M	4. COLOR	OR RACE		ARRIED, WIDOWED, D (write the word)
	. If married, wid HUSBAND of (or) WIFE of	f	vorced	D	
	DATE OF BIR				28, 1930
7.		TILLBOY	Menths	Days	If LESS than 1 dey, hrs. or mln.
NO	8. Trade, prof kind of w sawyer, b		splnner.	Banig	tout-
OCCUPATION		business done, as bank, etc	silk mill,		
8	10. Date decee this occu year)	sed last w		spe	time (years) nt in this upation
12.	BIRTHPLACE	(city or tov	vn) - Cock	eysville	, Md.
2	12 NAME		W4 1 1 4 am	Deleas	

Balto. Co.

Cockeysville

Md. Colbett

Olive

1. PLACE OF DEATH

Township

County Baltimore

14. BIRTHPLACE (city or town). (State or country)

16. BIRTHPLACE (city or town)

18. BURIAL, CREMATION, OR REMOVAL

(State or country)

15. MAIDEN NAME

17. INFORMANT 4 (Address)

MOTHER

MARYLAND

eath occurred in a hospital or institution, give its os. \_\_\_\_ ds. How long in U. S. If of fore

24. Was disease or injury in any way

If so, specify

MEDICAL CERTIFIC	CATE OF DEATH	
21. DATE OF DEATH (month, day, and	year) Dec. 28	, 19 31
22. I HEREBY CERTIF		19
I last saw halive on	, 19 ; de	ath is said
to have occurred on the date stated at	ove, atm.	
The principal cause of death and relate were as follows:	d causes of Importance	
Weite 23 10110W3.		Date of poset
Stillborn Fore	has	
Other contributory causes of Importance		
Neme of operation	Date/of	
What test confirmed diagnosis?		opsy?
23. If death was due to external causes Accident, suicide, or homicide?	(violence) fill in also the f	ollowing: , 19
Manner of Injury		
Nature of Injunt		

ARGIR

19. UNDERTA (Address)

Registrar.

mw - Stillbirth, birth in Jan. Dr.

#### UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic;" but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy.	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	y 10.	Other contributory causes of importance:	4411117
Gallstones .	May 1, 1923	Gastroenteritis	1 year
	11 Mig 44 111		
- 1 S S S	12.00 1 70.21	Market Street Control of the Control	
ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY PHYSICIAN	1127
	413101-00		
	ALC: NO	The state of the s	

U. S. GOVERNMENT PRINTING OFFICE: 1930

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V. S. No. 1

PLACE OF DEATH County Baltings	01355 STATE OF MARYLAND
County Co	CERTIFICATE OF DEATH  Registration Dist. No. 3
Villege or City White Hall Ind. Ind.	St.: Ward) (If death occurred a hospital or institution, give its NAME i stend of street are number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale white Single, MARRIED.  WIDOWED.  OR DIVORCED (Write the word) winder.	16 DATE OF DEATH Fel. 15, 1930  (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1929. to 15 192 that I last saw h alive on Al 1 1920.
7 AGE   If LESS than   I day hrs.   ds.   or min.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	arterio - Schrosso
business, or establishment in at Home which employed or (employer) at Home  9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) 2 yrs, mos d
10 NAME OF FATHER Ceguilla me Donald	(Signed) Alihur Borhur M. J. L. 17, 1980 (Address) White Hall Mix
OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	*State the liscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Clysbeth Semmell  13 BIRTHPLACE OF MOTHER (State or country)  Permaylami	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transents of Recent Residents)  At place of death yrs
(Informant) Mrs. S. F. Real	Former or usual residence
(Address) York Pa	Centre Centre Removal DATE OF BURIAL
Filed Feb. 170 1980 Helms Britis	20 UN JERTAKER ADDRESS  A Markelin Law While Hole he
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed 'to report specifically the occupations of persons enor given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write Nonc. definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative healthworked on may form part of the second statement. Physician, Compositor, Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) (b) Automobile factory. The material mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); phoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

tetanus) may be stated under the head of "contributory." American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not approved by Committee on Nomenclature (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainuse of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma, perilonaeum, etc., Never report mere symptoms or terminal condiinterstitial nephritis, Carcinoma, Sarcoma, etc., of etc. The contributory valvular heart ," "Convulsions, disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. 3 No. 1

County Balto	CERTIFICATE OF DEATH
Village or City Colomille (No. 4	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH Works 25, 1930 (Month) (Day) (Year)
Feb 14 , 1867	I HEREBY CERTIFY, That I attended she deceased for the second state of the second seco
(Month) (Day) (Year)  7 AGE    1	
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or eatablishment in which employed or (employer)	Chronic Valuala Heart deser
	A
9 BIRTHPLACE (State or country)  (State or country)	Contributory Secondary  (Duration) yrs 4.mos.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER Jawrence Bannon  11 BIRTHPLACE	Secondary
9 BIRTHPLACE (State or country)  10 NAME OF FATHER Laurence Bannon  11 BIRTHPLACE OF FATHER (State or country)  12 Malden Name	(Signed) World O World M  (Signed) World O World M  Wash 2492 30 (Address) Calouncelle M  *State the I lease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  14 OF MOTHER  15 BIRTHPLACE OF MOTHER  16 DE MOTHER  17 DE MOTHER  18 DE MOTHER  19 BIRTHPLACE OF MOTHER  10 DE MOTHER  11 DE MOTHER  12 DE MOTHER  13 BIRTHPLACE OF MOTHER  14 DE MOTHER  15 DE MOTHER  16 DE MOTHER  17 DE MOTHER  18 DE MOTHER  18 DE MOTHER  19 DE MOTHER  10 DE MOTHER  10 DE MOTHER  10 DE MOTHER  11 DE MOTHER  11 DE MOTHER  12 DE MOTHER  13 DE MOTHER  14 DE MOTHER  15 DE MOTHER  16 DE MOTHER  17 DE MOTHER  17 DE MOTHER  18 DE MOTHER  18 DE MOTHER  19 DE MOTHER  10 DE MOTHER  11 DE MOTHER  11 DE MOTHER  12 DE MOTHER  13 DE MOTHER  15 DE MOTHER  16 DE MOTHER  17 DE MOTHER  18 D	(Signed)
9 BIRTHPLACE (State or country)  10 NAME OF FATHER COUNTRY  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed) Ward all B. W. M.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER Jawrence Bannon  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  Battimore  Annhower  15 BIRTHPLACE OF MOTHER (State or Country)  Battimore  Annhower  16 BATTIMORE  OF MOTHER (State or Country)  Battimore	(Signed)

Kyntrar audrur

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to e.ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more present of the laborer, Farm laborer, Laborer—Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Load in the Spinner, (b) Collon mill; (a) Salesman, (b) nature of the business or industry, and therefore an Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "For man," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. report specifically the occupations of persons ento know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). For persons who have no occupation Locomotive engineer, Grocery

Streement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinul fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar preumonia, Bronchopneumonia ("Pneumonia,"

> "(E.haustion," "Heart ramure,
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease diseases resulting from childbirth or miscarriage as "Puerperal septicacmia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage, lclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. Example: Measles (disease (secondar, or intercurrent) affection need Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. approved by Committee on Nomenclature (Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.; Y . (name origin; "Cancer" is less definite; avoid cough; Chronic etc. The contributory valvular heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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#### STATE OF MARYLAND 08948 CERTIFICATE OF DEATH

Registration Dist. No.

imore	Ave	St.;	Ward)	a hospital	occurred in or institu- s NAME in- street and
	MEDIC	AL CER	TIFICATE	OF DEATH	
16 DATE	OF DEAT	11			1930
		Au	gust4.	(Day)	(Year)
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	death occur		e date etate	d above, at 1	0.45A
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(Signed)	Tha	ne	rend	Vhee	L.M.D.
any	4 1993	(Addres	2910	Hollins	Ferry.
*St				or, in dea	
Acciden	ntal, Suicid	al or Hon	icidal.	ury; und (2)	whether
			(For Hosp	itals, Institu	tions, Trans-
At place	r Recent B	esidents)	In the	Title	
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	disease contra e of death?		9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
Former or usual resider	1ce	, c. c.c. p		description of the state of the	
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Loudon	n Park	Ceme	tery	Aug. 6	, 19.3Q
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Honh	111	1/2	11	LUU 3 We	ST

Baltimore St. If more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

"er," etc., without more precise specification as Day Whatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, tired 6 yrs.). Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screent, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, definite salary), may be entered a Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Toreman," "Manager," "Dealshould be used only when needed. As examples: (a) worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; additional line is provided for the latter statement; it (a) Foreman, (b) Automobile factory. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary Gremen, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation Precise statement of oc-For many occupations a single word or term on For persons who have no occupation and children, not gainfully em-The material

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." (Recommendations on statequences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbol's acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," diseases resulting from childbirth or misearrlage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes." etc., when a definite disease rhage," "Inanition" "Marasmus," "Old Age," "Shock," vulsions," "Debility" ("Congenital," "Senlle," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatle), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal vulsions," stated unless important. causing death), 29 ds.; Bronchopneumonia (second-Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; ...... (name origin; "Caneer" is less definite; avoid FOR VIOLENT DUATHS STATE MEANS OF INJURY Chronic valvulur heart discase; Example: Measles (disease

If this certificate is 10 ked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

13

PLACE OF DEATH	76 07669 STATE OF MARYLAND
County Jacto .	CERTIFICATE OF DEATH
1 0 .T	Registration Dist. No. 44
Village or City (No. (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Moving Ja	rach \$25/8 quantite are steed of street and number.)
PERSONAL AND STATISTICAL PARTICULAR	S MEDICAL CERTIFICATE OF DEATH
mals white Single.  MARRIED, WIDOWED. OR OIVORCED (Write the word)	16 DATE OF DEATH ULY 6 - , 1930 (Month) (Day) (Year)
6 DATE OF BIRTH  MARIANN 1	9)2 I HEREBY CERTIFY, That I attended the deceased from 192
(Month) (Day)	(Year) that I last saw halive on, 192, 2SS than and that death occurred on the date stated above, atm.
	yhrs. The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or particular kind of work	acoidental Unverning
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrsds.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER	(Signed) Seo. W. D. M. D.
II BIRTHPLACE	Mely 9 1980 (Address) Colyate Mile
OF FATHER (State or country)  12 MAIDEN NAME	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER July Junkly	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of death yrs mos ds. In the State yrs mos ds.
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF M/N KNOWLEDGE	Where was disease contracted,
(Informant) Havry Barack	Former or usual residence
(Address) 2518 Quaratico	er. Herrow Wordals July 10,030
15 Filed July 9 1980 July S. Conne	1
If more blanks are needed, address State	Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more precise specification as laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the whatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman. (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of death approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report more symptoms or terminal condi-Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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Exact PHYSI-

Village or City Phorning (No. N. d. 2)  2 FULL NAME CEERLA Lydia 16	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.: Ward) (If death occurred in a hospital or Institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temaly White OF BUOMED (Write the word)	16 DATE OF DEATH AND 8 , 192/930 (Month) (Day) (Year)
Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
Jage   If LESS than   day hrs. or min.?   ds. or min   ds. or mi	and that death occurred on the date stated above, at
9 BIRTHPLACE (State or country) Mary Cand  10 NAME OF Solice Struct  11 BIRTHPLACE OF FATHER (State or country) Structure  (State or country) Structure  12 MAIDEN NAME	Contributory Secondary  (Duration)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Address)  (Address)  (Signed)  (Address)  (Signed)  (Address)  (Add
OF MOTHER COUNTY GOOGLES  13 BIRTHPLACE OF MOTHER (State or Country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

15

OR 20 UN

DATE OF BURIAL

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Former or usual residence

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospanul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature (Recommendations on telanus) may be stated under the head of "contributory." American Medical Association.) carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Ethaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Dobility" ("Congenital," "Senile," etc.), "Dropsy,"
"Ethaustion," "Heart failure," "Haemorrhage, stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ot as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar; or intercurrent) affection need not be use of "Tumor" Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condi name origin; "Cancer" is less definite; a void for malignant neoplasms); Measles, Chronic statement of cause of Example: Measles (disease volvulor heart disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

1 PLACE OF DEATH 1 County Dalt mok	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Batonseiler. Epring	Registration Dist. No.  (If doath occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Femile White Single, Widowed.  White Or DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH  Dept 16 , 184  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  19/3. to 2/7, 1923.  thet I last saw here alive on See 16, 1920.
7 AGE  8 3 yrs. 3 mos. 6 ds. or min.?	2000
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Ohr. Bulox, Hephitas (Durstion)
9 BIRTHPLACE (State or country)	Contributory TO SCOTO Secondary (Durstion) 5 yrs mos ds,
FATHER Concile  II BIRTHPLACE OF FATHER	(Signed) M. D.  State the Disease Causing Death, or, In deaths from
(State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place 7. yrs
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Trank I Barrett	Where was disease contracted that if not at place of death?  Former or usual residence Allace Allace death.
(Address) Jessyps, M.d.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  LEW Cathedrey Country 19 30  20 UN DERTAKER  ADDRESS
Filed 192 Segistrar	Saston Sous Ellea Wet, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer to report specifically the occupations of persons enmer, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by Committee on Nomenclature of the "('Exhaustion,') "('Heart range, ') "('Old Age,') "(Shock,')"
> "('Inanition,') "('Marasmus,') "('Old Age,') "(Shock,')"
> "('Uraemia,') "('Weakness,') etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need Whooping cough; Chronic Chronic interstitial nephritis, Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," peritonaeum, etc., Carcinoma, Sarcoma, etc., ot Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; etc. The contributory " "Convulsions, not

If this certificate is looked over thoroughly and a'l questions aniswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

02592 EXACTLY, PI certificate <sup>2</sup>FULL NAME propel PERSONAL AND STATISTICAL PARTICULARS S SINGLE 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH WIDOWED MO MARRIED. BINDING PERMAKE 0 0 back 11 0 OR DIVORCED may (Write the word) 6 DATE OF BIRTH ee instructions that (Year) FOR (Month) (Day) Ilf LESS than 7 AGE l day hrs. THIS supplied terms RESERVED min.? 8 OCCUPATION (a) Trade, profession or NK-particular kind of work plai (b) General nature of industry business, or establishment in WITH UNFADING which employed or (employer) impo MARGIN 9 BIRTHPLACE Secondery (State or country) 00 A 10 NAME OF 0 Shoul FATHER 11 BIRTHPLACE S OF FATHER the CAUS RENT (State or country) Causes, 12 MAIDEN NAME 4 OF MOTHER Inform d state 13 BIRTHPLACE At place OF MOTHER of death. (State or country) should if not at place of dea.h? of 14 THE ABOVE IS TRUE Former or statement usual residence EVery 20 UNDER Registrar

If more banks are needed, address tate Registrar 18 W. Seratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

(If deeth occurred in a hospital or institu-tion, give lts NAME in-stead of street and

number.) MEDICAL CERTIFICATE OF DEATH and that death occurred on the date steted above, at The CAUSE OF DEATH \* was as follows: (Duration) Disease Causing Death, er, in deaths from state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal, 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In the .yrs......mos... State. Where was disesse contracted,

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation er," etc., Without more present of the laborer, Farm laborer. Laborer—Coal mine, etc. Womstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the nature of the business or industry, and therefore an tion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servaul, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer." "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the Dis-EAR CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebroelever (the only definite synonym is "Epidemic cerebrosi inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "(Inanition," "Marasmus," "Old Age," "Shock," American Medical Association.) (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumoniu (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Chronic Never report mere symptoms or terminal condiresulting from childbirth or miscarriage etc. valvular heart disease; The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

B.--Every Item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD WITH UNFADING INK---THIS IS A PERMANENT BINDING MARGIN RESERVED FOR WRITE PLAIN 4. S. No. 1

PLACE OF DEATH	0154 STATE OF MARYLAND		
County Thanne	CERTIFICATE OF DEATH		
/ 1/2 12	Registration Dist. No. 42		
Village or City Alletterine (No.	St.: Ward) (If death occurred in		
2FULL NAME Joseph Byon	St.: Ward)  (If death occurred in a hospital er institution, give its NAME instend of street and number.)		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MISOWED, OR OF OFFICE (Write the word)	16 DATE OF DEATH  (Myith) (Day) (Year)		
6 DATE OF BIRTH	17 Lifereby CERTIFY That I attended the deceased from		
Morrander 174 1823	192, 192,		
(Month) (Day) (Year)	that I last saw halive on, 192		
7 AGE [If LESS than	and that death occured on the date stated above, at #04 in.		
57 yrs. / mos. 20 ds. or min.?	The CAUSE OF DEATH * was as follows:		
b occupation mos. 25 ds. or min.?	Strucke by saily and		
(a) Trade, profession or	train- Afed at		
particular kind of work (b) General nature of industry	- /		
business, or establishment in	(Duration) yrs mos ds.		
which employed or (employer) Lyld full			
9 BIRTHPLACE (State or country)	Secondary		
Voiva p	(Duration) yrs mos de.		
FATHER O. 1 A Sold of Bash	Shad Stafely Crown		
11 BIRTHPLACE	192 (Addiess) Kelny Ind.		
of father	*State the Disease Causing Death or, in deaths from		
(State or country)	Violent Caus s, state (1) Means of njury and (2) whether Accidental, Suicidal or Homicidal.		
of Mother Linke Change	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-		
13 BIRTHPLACE	ients or Recent Residents) At place In the		
OF MOTHER (State or country)	of deathyrsds. State yrsds.		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?		
Ch ViB n	Former or usual residence		
(Into nant) Stron lotaline	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
(Address) 270 SElsia On	Koulon Part Cen Jan. 10,032		
15 Filed Jan 9 1930 Ger Amkieffer	20 UNDERTAKER SANDRESS		
If more branks are needed, addross State Registrar, 16 W Saratoga St., Balto., Requesting V. S. No. 1.			

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Serunt, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Lieusehousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer er," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager." 'Teul-Spinner, (b) Colton should be used only when needed. As examples : a additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed Foreman, (b) Automobile or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (3) the kind of work and mill; (a) Salesman. factory. The material -Coul mine, etc. Locomolive engineer But in many (b) also (b the (brocery) Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "phoid fever (never report "Typhoid Pneumonia"); obar pneumonia. Bronchopneumonia ("Pneumonia,");

"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," stated unless important. tetunus) may be stated under the head of "contributory. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary use of "Tumor" for malignant neoplasms); Measles inges, perilonaeum, etc., Carcinoma, Sarcoma, unqualified, is indefinite); Tuberculosis of hungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (c. g., sepses, curbolic acid-probably suicide. The nature of the injury, necident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. (secondary or intercurrent) Whooping cough; American Medical Association.) approved by Committee on Examples: Accidental drowning; Struck by railway trein .... (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal conci-FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, "Congenital," "Senile," etc.), "Dropsy, Chronic Example: Measles (disease valendar heart etc. The contributory affection need Nomenclature Always qualify all not be disease, etc., of

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PLACE OF DEATH  County Salts	13526 STATE OF MARYLAND CERTIFICATE OF DEATH
County 10 County	Registration Dist. No. 44
	ward) (If death occurred in a hospital or institu- tion, give its NAME is -
2FULL NAME (ungust 21. 15	astert stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male of hete (Write the word)	16 DATE OF DEATH 700 7 192 (Month) (Day) (Year)
march 7, 1884	17 I HEREBY CERTIFY, That I attended the deceased from 1920 to 1920, thet I last saw h we alive on 1920
(Month) (Bay) (Year)  7 AGE    If LESS than   day hrs. or min.?	7 /2-
(a) Trade, profession or foresticular kind of work  (b) General nature of industry	Chloris / hyocashler
business, or establishment in which employed or (employer) Packing Thomas  BIRTHPLACE (State or country) Balto.	Contributory Secondary Contributory
10 NAME OF John Bostert	(Signed)
OF FATHER (State or country)  12 MAIDEN NAME	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER linknow	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) mis. minnie Bastert	Former or usual residence
(Address) maryland are:	Schoonts Cem. nrv. 10, 1930
Filed nov. 10 1980 Ahn G. Connelly Registrar	John G. Connelly Essex
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, " etc., report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b)

Statement of Cause of Death—Name, first the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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₩. B.

		1000
	PLACE OF DEATH	STATE OF MARYLAND
1	County Ballemon	CERTIFICATE OF DEATH
	/	
	Randall stones Ol	Pel Circu X Hunn
	2FULL NAME Of Claline Lydice	St.: Ward)  Bauge  St.: Ward)  Bauge  St.: Ward)  Control of institution, give its NAME in stead of street and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Freal White Single, MARRIED, Surgle OR DIVORCED (Write the word)	16 DATE OF DEATH Deflues 2, 1320  (Month) (Day) (Year)
	8 DATE OF BIRTH Securely 3 1914	I HEREBY CERTIFY, That I attended the decembed from
	(Month) (Day) (Year)	that I last saw h T alive on JAN 3
3	yrs. 8 mos. 2 8 ds. or min.	and that death occurred on the date stated above, a 2 m. The CAUSE OF DEATH * was as follows:
16	8 OCCUPATION (a) Trade, profession or Alhrues	Chronic Myorarditis
1	particular kind of work (b) General nature of industry	
	business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds
1	9 BIRTHPLAST THE Mury Cerel -	Contributory Secondary  (Durstion)  yrs
	10 NAME OF GLORGE G. C Bauge	(Signed), 6 6 Nehols M. D.
	OF FATHER  (State or country)  12 MAIDEN NAME?	*State the Disease Causing Death, er, in deaths from Violent Causes, state (1) Meens of Injury and (2) Whether Accidental, Suicidal or Homicidel.
	of Mother Meethy Mruy &	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
10	13 BIRTHPLACE OF MOTHER (State or country)  State or country)	At place In the of deathyrsmosds. Stateyrsmosds
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
	General P. Barela	Former or usual residence
	(Address) Mudallstury kul	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	Filed Sep 44 1920 M. n. Buffer Registrar	Louis Berry Cores Tours.
1		

If more blanks are needed, addre.s State Registrate 16 W. Saratega St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.. For persons who have no occupation state occupation at beginning of illness. If retired from laborer, should be used only when needed. As examples: (a) cupation is very important, so that the relative healthgaged in domestic service for wages, as Servant, Cook, definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farme or given up on account of the DISEASE CAUSING DE Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed us At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-(b) Cotton mill; (a) Salesman. (b) Gracery; man, (b) Automobile factory. The material -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DISEA. IN COUNTY DEATH (the primary affection with respect to time and causation), using always the same accent ed term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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answered in detail, it will prevent further correspondence. All ti data is essential and must be obtained before the certificate permanently filed.

approved by Committee on stated unless important. Example: Measles (disease Letanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "Exhaustion," "Heart lauure, Luemorinage, "Shock," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepeis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-If this certificate is looked over thoroughly and a'l questions "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY death), 29 ds.; Bronchopneumonia (secondary), Chronic etc. The contributory valvular heart Nomenclature of the disease; not be

MARGIN RESERVED FOR BINDING

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. O.

-	Village or	City Kundalestony (No.	
ı	7		

Village or City Muddellary (No. 2FULL NAME Florrice & Bay	St.: Ward)  A hospital or institution, give Its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH OCK 27 , 19230  May (Month) (Day) (Year)
G DATE OF BIRTH  Jeh 19 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the decemed from  192 to OCX 2 , 192 Q  that I last saw h Malive on OCX 2 /, 192 Q
If LESS than I day hrs. or min.?	
8 OCCUPATION (A) Trade, profession or Africal Particular kind of work (b) General nature of industry susiness, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER John & Bapter	(Duration) Pyrs. mos ds.  Contributory Secondary  (Signed) (Diration) yrs. mos ds.  (Signed) M. D.  DER 23-1970 (Address) Puller rule live
11 BIRTHPLACE  OF FATHER  (State or country)  12 MAIDEN NAME  OF MOTHER  OF MOTHER  13 BIRTHPLACE	*State the Disease Causing Death, ec, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Welliam Boy ter (Address) Pandallstony My	At place of death yrs mos ds.  Where was disesse contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  New Wedge Ceweler Oct 74, 1530
15 Filed OLX 23 1920 & Eluchol	20 UNDERTAKER  ADDRESS  MASTER FORES / SERVICE

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Plonter, fulness of various pursuits can be known. The quesor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coul minc, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stotionary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Foreman, or At Home, and children, not gainfully em-For many occupations a (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on (b) Grocery;

Statement of Cause of Death—Name, first, the DISEAR CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature reteanus) may be stated under the head of "contributory." as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolucr wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Deblity" ("Congenital," "Senile," etc.), "Dropsy," ("Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic valundar heart Chronic interstitial nephritis, etc. The con ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiand consequences (e. g., sepsis, etc. The contributory disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NO

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WRITE PLANTE WITH UNFADING INKTHIS IS A PERMANENT TORD by item of information should be carefully supplied ACE should be stated EXACTLANDS should state GAUSE OF DEATH in plain terms so that it may be properly classifications of CEIEATION is used important.	WRITE
MARGIN RESERVED FOR BINDING	

4. R. No. 3

PLACE OF DEATH  County Bullows ore  308 & Ray Og	O2593 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City 2002 - avantage / Word Brough 2FULL NAME LAUGESTIG DE SE	St.: Ward)  (If death occurre a hospital or intion, give lis NAM stend of street number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewst. A COLOR OR RACE SINGLE, MARRIED, WIDOWED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Yes  THEREBY CERTIFY, That I attended the deceased
6 DATE OF BIRTH  (Wenth)  (Day)  (Year)	That I last saw h Malive on Mar 4 19
7 AGE 2 1 If LESS than i day hrs. 2 ds. or min.?	and that death occured on the date stated above, at 6:32
(a) Trade, profession or particular kind of work  (b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs most
which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 RIPTHPLACE  11 RIPTHPLACE  11 RIPTHPLACE  12 RIPTHPLACE  12 RIPTHPLACE  13 RIPTHPLACE  14 RIPTHPLACE  14 RIPTHPLACE  15 RIPTHPLACE  16 RIPTHPLACE  17 RIPTHPLACE  17 RIPTHPLACE  18 RIPTHPLACE	Contributory Secondary  (Signed) Aud Cellur F  (May 5, 1930 (Address) Dawsby May
which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER OF FATHER (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	(Signed) (Duration) yrs mos mos with the Disrase Causing Death, or, in desths from Yolent Caus, state (1) Menns of Injury and (2) when Accidental, Suicidal or Homicidal.
which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER OF FATHER (State or country)  11 BIRTHPLACE (State or country)  12 MAIDEN NAME	Contributory Secondary  (Signed)
which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  14 OF MOTHER  14 OF MOTHER  15 BIRTHPLACE OF MOTHER	(Signed) (Duration) yrs mos mos (Signed) (Address) Death, or, in desths fr Violent Caus s, state (1) Menns of Injury and (2) whet Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents)  At place In the

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more present around, etc. Wom-laborer Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples : 'a' additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH. Housenmid, etc. If the occupation has been changed gaged in domestic service for wages, as Nerrant, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Teal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). (b) Automobile factory. The material For persons who have no occupation Salesman. (b) Grovery

spinal meningitis"); Diphtheria (avoid use of "Croup" Typhoid fever (never report "Typhoid Pneumonia"; ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the DIS EASE CAUSING DEATH (the primary affection with respect (the only definite synchym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> causing "Urnemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as iracture of skull, and consequences (c. g., sepsie, belanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-Whooping American Medical Association.) Examples: Accidental drowning; Struck by railway train .... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY interstitial nephritis, death), 29 ds.; Bronchopneumonia (secondary resulting from childbirth or miscarriage cough; Chronic etc. affection need rahmlar Nomenclature The contributory "" "Convulsions, heart Measles disease; not be

permanently filed. data is essential and must be obtained before the certificate in answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all questions

V. S. No. 1

X		PHYSI-	
MARGIN RESERVED FOR BINDING	WRITE AIM Y, WITH UNFADING INK-THIS IS A PERMANENT ECORD	N. BEvery Item of internation should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of Occupationate.	
V. 13, 110, 1	WRITE	N. BEvery item control Cians should statement of	
	WRITE AIM Y, WITH UNFADING INKTHIS IS A	N. BEvery item of infernation should be carefully supplied. ACI CIANS should state CAUSE OF DEATH in plain terms so the	statement of occuration is very important. See man demon

PLACE OF DEATHCELSowood Sun	STATE OF MARYLAND CERTIFICATE OF DEATH
County Baltimore	Registration Dist. No.
Village or City FUDOWOOD SANATORNAM, TOWSON	Reprod (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
LE CINGLE	
MARRIED. MARRIED. MARRIED. WHOWELD. OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 O I HEREBY CERTIFY, That I attended the deceased from
December 14 1854	Sept 7 193 U. to Sept 25, 1930,
(Month) (Day) (Year)	that I last saw h un alive on Jy 1930.,
7 AGE [If LESS than	and that death occurred on the date stated above, at,m.
7. [ ]   dayhrs	
J yrs. mos. ds. or min.	Fulmonary Tublachors
(a) Trade, profession or	vacanina, junious
particular kind of work	4
business, or establishment in which employed or (employer)	(Duration)yremosde.
9 BIRTHPLACE	Contributory Secondary
(State or country) Talbat Co, Ind	(Duration)dodo.
FATHER W/m & Boymond	(Signed) M. D.
M 11 BIRTHPLACE	1930 (Address) Towson, Maryland.
Z (State or country) not given	*State the Disease Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME OF MOTHER Plywheth	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  (State or Country)	At place of deathmosds. In the Statemosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Unknown
Hospital Records Personal History	Former or usual residence & aston, Med
(Informant) Eudowood Sanatorium, Towson, Md. (Address)	East Md. Sept 27, 1980
15 Filed Sept 25 1980 Mm P. Gutler of	20 UNDERTAKER ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS
	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtion applies to each and every person, irrespective of whatever, write Nonc. Housemaid, etc. If the occupation has becu changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, Foreman, or At Home, and children, not gainfully em-For many occupations a yrs . Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on (6) Grocery;

Statement of Cause of Death—Name, first, the DISERASE COUSING DEATH (the primary affection with respect to time and causation), using always the same accepted cd term for the same disease. Examples: Cerebrospinal feech (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pheumonia, Bronchopneumonia ("Pneumonia,"

accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Exhaustion," "Heart range," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably swicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all " Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-"" "Weakness," etc., when a definite discase Chronie etc. The contributory valvular heart disease, need not be

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PLACE OF DEATH V DELAS properly blas PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIE may be WIDOW OR DIVORCE (Write the word) 6 DATE OF BIRTH instructions (Month) (Day) (Year) 7 AGE IIf LESS than I day hrs. The CAUSE OF DEATH ....min.? in ter See 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country 10 NAME OF FATHER 11 SIRTHPLACE OF FATHER RENT (State or country) 12 MAIDEN NAM 18 BIRTHPLACE At place of death OF MOTHER (State or country) 0 Where was disease contracted, shoul statement of if not at place of death? 14 THE ABOVE AS Former or usus residence. (Informant) CIANS

	S	T	A	T	E	(		F	M	A	R	Y	L	A	N	D	)
C	E	R	T	11	-	C	A	T	E	0	F		D	E	A	T	H

Registration Dist. No. (if death occurred in

a hospital or institution, give Its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

(Duration)

the Disease Causing Death, or, in deaths from

Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal. and (2) whether

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents)

In the 5tate .....

DATE OF BURIAL

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Bato., Requesting V. S. No. 1.

Registra

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"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," ctc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (mcrely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., et . . . . . (name origin; "Cancer" is less definite; avoid "PUERPERAL seplicaemia," "PUERPERAL peritonilis, causing (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory" accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiscases can be ascertained as the cause. Always qualify all Whooping approved curbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), resulting from childbirth or miscarriage as by Committee on Nomenclature of the cough; Chronic affection need not etc. valvular heart discuse; The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A ithe data is essential and must be obtained before the certificate is permanently fill.

STATE OF MARYLAND OF DEATH CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institucertificate. ion, give its NAME instend of street and unmber.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE | 5 SINGLE, MARRIED. WIDOWED Marie back (Month) OR DIVORCED (Write the word) I HEREBY CERTIFY. That I attended the deceased from BINDIN 6 DATE OF BIRTH ctions that I fast saw h m. afive on . Let /. (Month) (Year) and that death occurred on the date stated above, at ... 7 AGE If LESS than The CAUSE OF DEATH & was as follows: I day .... hrs. (a) Trade, profession or particular kind of work Q (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory BIRTHPLACE (State or country) 10 NAME OF FATHER (Address) ..... Z.... II BIRTHPLACE -\*State the Disease Causing Death, or, in deaths from OF FATHER 0 Z (State or country) Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal, C 12 MAIDEN NAME OF MOTHER 4 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) 000 18 BIRTHPLACE In the OF MOTHER State, ..... yre. .... mos. .... of death . . . . yrs. . . . mos. . . . . da. (State or country Where was disease contracted, -14 THE ABOVE IS if not at place of death?.. usual residence... statem 19 PLACE OF RURIAL OR REMOVAL DATE OF BURLA EVery ADDRESS 20 UNDERTAKER Filed Registrar If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balte, Requesting V. S. No. 1.

# CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

"stork, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken definite salary). may be entered as Housewife, Houseen at home, who are engaged in the dutles of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; should be used only when needed. As examples: (a) adultional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of wintever, write None. fired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., (a) Foreman, (b) Automobile factory. The material cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor. Architect, Locomotive engineer fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the sume disease. Examples: Corebrospidal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup"): Typhoid fever (never report "Typhoid pneumonia.")

Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

ment of cause of death approved by Committee on Thead of "contributory." (Recommendations on statequences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consecan be ascertained as the cause. Always qualify all ary), 10 ds. Never report mere symptoms or terminal unqualified, is indefinite); Tuberculosis of lungs, men-Nomenciature of the American Medical Association.) Poisoned by curbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drouning; as probably such. If impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"Purperal septicuemia." "Purperal peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart fallure." "Haemorvulsions." symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid myes, peritonueum, etc., Carvinoma, Sarcoma, etc., of (secondary or intercurrent) affection need not be FOR VIOLENT DEATHS STATE MEANS OF INJURI "Debility" ("Congenital," "Senile," etc.), cough; Chronic valvular heart disease; Struck by railway (merely (second-(disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspond conce. All the data is essential and must be obtained before the certificate is permanently filed.

BUR

1930

BINDING

FOR

ARGIN

### HEALTH DEPARTMENT—CITY OF BALTIMORE

10120

S S	CERTIFICAT	E OF DEATH
of sl	1-PLACE OF DEATH	REGISTERED NO.
Every SICIANS statement	2-FULL NAME Q a COb G. B	(If death occurred in a hospital or institution, give its NAME
C 150	(a) RESIDENCE NO. Pines Grove	md ST, WARD
S S	(Usual place of abode)	(If non-resident give city or town and State)
277	Length of residence in city or town where death occurred yrs. mos.	ds. How long in U. S., If at foreign birth? yrs. mos. ds.
FILE .	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
IANENT EXACT classified es.	3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced, (write the word)	16 DATE OF DEATH (month, day, and year) Sopt 10. 19 30
2	5a If married, widowed, or divorced	HEREBY CERTIFY, That attended deceased from
A PERN e stated properly certificat	(or) WIFE of Gertrude Beckett	that I last saw hamalive on 19 19 19 19 19 19 19 19 19 19 19 19 19
S A be	6 DATE OF BIRTH (month, day, and year) / 1875	and that death occurred, on the date stated above, at
uld y be	7 AGE Years Months Days If LESS than 1 day,hrs.	The CAUSE OF DEATH* was as follows:
shoul may back	35 ormin.	May Sil of Head
o it	8 OCCUPATION OF DECEASED	(Cets Ne 4 Xear
AGI that	(a) Trade, profession or	
tio G	particular kind of work	(duration) yrs mos ds.
boll s,	(b) General nature of Industry, business, or establishment in which employed (or employer)	CONTRIBUTORY Q
INFADI supplied terms,	(c) Name of employer	(Secondary) (Secon
y suj	(c) Italic of employer	18 Where was disease contracted
- 62	9 BIRTHPLACE (city or town) (State or country)	if not at place of death?
	y camac	Did an operation precede death?
H i	10 NAME OF FATHER michel Seckett	Was there an autopsy?
be ca.vi EATH in	υ II BIRTHPLACE OF FATHER (city or town) Va	What test confirmed diagnosis?
	Z (State or country)	(Signed) Jacob Miller Clift) D.
PLAI should OF D	12 MAIDEN NAME OF MOTHER Sarah will	Her Jordoness Prestructural
SE	I3 BIRTHPLACE OF MOTHER (city or town)	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)
WR CAU TIO	14 Informant Certrile Beckett	19 PLACE OF BURIAL, CREMATION OR RE- DATE OF BURIAL MOVAL
1	(Address) Pines Cove md	Pines Coord Cemetery Sent 14:30
m	15	20 UNDERTAKER . ADDRESS
Z	Filed 2201-151930 H · M. Slade Registrar	Thomas . G. Kelson Breatman

### CERTIFICATE OF DEATH.

[Approved by U. S. Census and American Public Health Asso.]

e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, more precise specification, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, of the second statement. Never return "Laborer," "Forcman," "Manager," "Dealer," etc., without amples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part ment; it should be used only when needed. As exan additional line is provided for the latter statenature of the business or industry, and therefore to know (a) the kind of work and also (b) the pecially industrial employments, it is necessary Stationary Fireman, etc. But in many cases, esword or term on the first line will be sufficient, irrespective of age. For many occupations a single The question applies to cach and every person, healthfulness of various pursuits can be occupation is very important, so that the relative ning of illness. If retired from business, that fact DISEASE CAUSING DEATH, state occupation at beginwork, or At home, and children, not gainfully emwho are engaged in the duties of the household For persons who have no occupation whatever has been changed or given up on account of the Scrvant, Cook, Housemaid, etc. If the occupation persons engaged in domestic service for wages, as taken to report specifically the occupations of ployed, as At school or At home. Care should be write None. Statement of Occupation .- Precise statement of be indicated thus: Farmer (retired, 6 yrs.). (not paid Housekeepers who receive a defi-) may be entered as Housewife, Houseknown.

> cough, Chronic valvular heart disease; Chronic as "Puerperal septicemia," "Puerperal peritoni "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," or terminal conditions, such as "Asthenia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Conease causing death), 29 ds.; Bronchopneumonia stated unless important. ondary or intercurrent) interstitial nephritis, etc. for malignant neoplasms); Measles; Whooping "Cancer" is less defin statement of cause of death approved by Comdrowning; Struck by railway train-accident; OF INJURY and qualify as ACCIDENTAL, SUICIDAL, was undertaken. For violent deaths state means tis," etc. State cause for which surgical operation eases resulting from child birth or miscarriage, ascertained as the cause. Always qualify all dis-Association.) mittee on Nomenclature of the American Medical head of "Contributory." (Recommendations on the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the earbolic acid-probably suicide. The nature of Revolver wound of head-homicide; Poisoned by HOMICIDAL, or as probably such, if impossible (secondary), 10 ds. Never report mere symptoms Example: Measles (disaffection need not be The contributory (secavoid use of "Tumor"

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN

BURKAU V.S.

C, PHYSI-	PLACE OF DEATH  County B attraction	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
CORD EXACTLY, P.	Village or City Bear Creek (No. Mone 2 FULL NAME Paul H. Becker	Ward)  (If death occurred is a hospital or institution, give its NAME is stead of street an number.)
NT NT Stated E	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S S S S S S S S S S S S S S S S S S S	MARRIED, Marra &	16 DATE OF DEATH  Security 15, 1980  (Month) (Day) (Year)
PER!	S DATE OF BIRTH July 27. 1885	I HEREBY CERTIFY, That I attended the deceased from Deleuhur 7 1980 to Desember 15, 1980
R A DE	(Day) (Teal)	that I last saw has alive on Deleute 1900
FD FC FRIS IS	43- 4 18 day hrs.	The CAUSE OF DEATH * was as follows:
K7	(a) Trade, profession or particular kind of work Electriciais	replietes
H I	Subusiness, or establishment in	(Duration) yrs mos de
Z O S	9 BIRTHPLACE	Contributory Secondary  (Duration)  yrs
UN	10 NAME OF FATHER Pudolph Becken au	(Signed) a. W. Bagusin, M. D. M. E. 12/15 1930 (Address) Dundala, Mid
≥ 2	OF FATHER  (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	a a of Mother Mary Slowing army	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
in in		At place of death yrs mos. ds. In the State yrs these
50	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
RITE (	(Informant) Mus Clara Becker an	Former or usual residence
WRITE	(Address) Bear Creek	Forder Park Cen 1418/30
	Filed 14/1/3092 Amloanuml Registrar	20 Shidestakes 2008
ż	If more blanks are needed, addrese State Registra	W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits ean be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octhe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of laborer, Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, worked on may form part of the second statement. tired 6 yrs). For persons who have no occupation, whatever, write None to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cobb. Housemuid, etc. If the occupation has been charged definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Furne Foreman, For many occupations a or At Home, and children, not gainfully em-Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The material single word or term on -Coal minc, etc. Wom-Locomolive engineer, The ques-Grocery,

Statement of Cause of Death—Name, first, the bill EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted thereof for the same disease. Examples: \*Corebrospinal fever\* (the only definite synonym is "Epidemic cerebrospinal meningitis"); \*Diphtheria\* (avoid use of "Croup"); \*Typhoid fever\* (never report "Typhoid Pneumonia"); \*Lobar pneumonia, Bronchopneumonia\* ("Pneumonia,");

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inamition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease. causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping approved by Committee on Nomenclature of the (Recommendations on statement of cause of death can be ascertained as the cause. Always qualify all taken. For violent deaths state means of injury State cause for which surgical operation was underas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, "accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, Américan Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid cough; Chronic valvular heart disease, Example: Measles (disease etc. The contributory Poisoned by

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PLACE OF DEATH County Baltimors	CERTIFICATE OF DEATH Registration Dist. No. 33
Village or City Catorsville Opring 2FULL NAME annetta C.	Bell (If death occurred in a hospitul or institution, give lts NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale White Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Morth) (Day) (Year)
6 DATE OF BIRTH  29, 1859  (Month) (Day), (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1962 to June 1970, 1980 that I last saw h Qualive on June 1980,
7 AGE  7 O yrs	and that death occurred on the date stated above, at 8 m.  The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	Car. Interstited Reparties (Duration) yes mos de.
9 BIRTHPLACE (State or country) Man Caul	Contributory CARO Secondary  (Duration) / yrs
10 NAME OF FATHER allost Bell 11 BIRTHPLACE	(Signed) (2564 E. Garrelt M. D. Sung 16 1970 (Address) Catorisale Md
OF FATHER  (State or country)  12 MAIDEN NAME  OF FATHER  (State or country)	*State the Hiscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER MAN, Tay LOV	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place / In the 7
(State of Country) / Cogenia	of death yrs
(Informant) Flown ce Bell Scate.  (Address) 4305 Belliew ave	Former or Daltmer Della 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  ATTAL ON THE STATE OF BURIAL OR REMOVAL  ATTAL ON THE STATE OF BURIAL
Filed 16 1930 Alle Registras	26 DIPOERTAKER 3 GOT 1003 MEALDS
if more banks are needed address tate hegistrar	, 16 W. Sgratoga St., Bulto., Lequesting V. S. No. I.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed definite salary, may be entered as Housewife, Houseleborer, Farm laborer, Laborer—Cout mine, etc. woun-en at home, who are engaged in the duties of the household only (not raid Housekeepers who receive a er," etc., Without more record mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many tion applies to each and every person, irrespective cf Statement of Occupation-Precise statement of ocwhatever, write None. burines, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed as Al school, or Al home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Sulesman. the first line will be sufficient, e g. . Farmer or Planter, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the Locomoline engineer,

Statement of Cause of Death—Name, first, the DIS.

EN E (NUSING DEATH (the primary affection with respect
to time and causation), using always the same accepted term for the same dise sc. Examples: Cerebrospinal
fever (the only definite synonym is "Epidemia cerebros inal meningitis"); Diphtheria (avoid use of "Croup");
Fly, hold fever (never report "Typhcid Pneumonia");
Cobar pneumonia, Eronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E haustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, carbolic acid - probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Chronie interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY Chronic etc. valvular heart disease; The contributory Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Contributory

At place

Former or

usual residence

HEREBY CERTIFY, That I attended the deceased from

nov 16

nov. 17

(Duration) /2 vrs. mos mos

CI	ER	TI	FI	CA	T	E	OF	D	EA	TH

Registration	Dist.	No.	3	1
The state of the s				

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH November 17, 1930

and that death occurred on the date stated above, at 2:20 a/m

\*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.

IN LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

Porter, Gallia Co., Ohio 11/19/30.

(If death occurred in a hospital or institution, give Its NAME instead of street and number.)

DATE OF BURIAL

PLACE OF DEATH Baltimore

Gwynmore Ave.

Jeannette Bell **2FULL NAME** 

### PERSONAL AND STATISTICAL PARTICULARS

(Month)

3 SEX

EXACTLY, P

s stated EXACT s properly class of certificate.

may

instruction

99

KOIL

of

00

E

BINDING

4 COLOR OR RACE SINGLE.

White

MARRIED. Married WIDOWED. OR DIVORCED Write the word)

Female 6 DATE OF BIRTH

Sept.

(Day)

1885 (Year)

7 AGE

IIf LESS than I day hrs.

de. or min.?

(a) Trade, profession or House Wife particular kind of work

(b) General nature of industry business, or establishment in which employed or (employer)

SBIRTHPLACE (State or country)

Ohio

10 NAME OF FATHER

John Kent

11 BIRTHPLACE OF FATHER Z

(State or country) Ohio

12 MAIDEN NAME OF MOTHER

Augusta Howe

13 BIRTHPLACE OF MOTHER

(State or Country) Ohio

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

John W. Bell

2703 Gwynmore Ave.

Filed Mr. 17

19 PLACE OF BURIAL OR REMOVAL

If more banks are needed, addre.s Ltate Registrar, 16 W. Sarktoga St., Balto., Requesting V. S. No. 1.

ients or Recent Residents)

Where was disesse contracted,

if not at place of dea.h?.....

supplied terms ERVED carefully TH in plain S MARGIN DD informati etate 00 shoul Every Item CIANS sho statement

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH g ged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Housemuid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a Piysician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons enetc., without more precise specification as Day For many occupations a single word or term on especially in industrial employments, it is neces-378 i. Farm laborer, For persons who have no occupation Stationary fireman, etc. But in many Laborer-Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DISEA. AND ENGINEER (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal fever the only definite synonym is "Epidemic ccrebros; inal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) tetunus) may be stated under the head of "contributory." approved by Committee on Nomenclature "PUERPERAL septicaemia," "PUERTERAL peritonitis," etc. "E:haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E:haustion," "Heart failure," "Haemorrhage," stited unless important. carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely s; mptomcausing death), 29 ds.; Bronehopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS State MEANS OF INJULY (secondary (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ot Never report mere symptoms or terminal condi-(name origin; "Cancer" is lcss definite; avoid cough; or intercurrent) affection need not be ss important. Example: Measles (disease Chronic valvular heart disease; etc. The contributory Mcasles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

DATE OF BURIAL

Registration Dist No. (If death occurred in ....Ward) a ho pit I or institution, give its NAME is stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE | 5 SINGLE, 3 SEX OR DIVORCED (Write the word) 6 DATE OF BIRTH I HEREBY CERTIFY. That I attended the deceased from 7 AGE and that death occurred on the date stated above, at I day hrs. ds. or min.? BOCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory. 9 BIRTHPLACE Secondary (State or country) Balto Co. Wed 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAW. E C 18 LUNGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death . yrs. . . . ds. (State or country) Where was disease contracted, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of dea.h? (Informant)

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No.

Every CIANS staten

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Spinner, fulness of various pursuits can be known. whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the should be used only when needed. additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomoline engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealto report specifically the occupations of persons en-" etc., Foreman, especially in industrial employments, it is neces-For many occupations a yrs). Farm laborer, (b) Cotton mill; (a) Salesman. without more precise specification as (b) For persons who have no occupation Automobile factory. The material Laborer-Coal mine, etc. Womsingle word or term on As examples: (a) (4) The ques-Grocery

fever (the only definite synonym is "Epidemic cerebro-spinal meningitis"); Diphtheria avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISto time and causation), using always the same accept-Typhoid ferer never report "Typhoid Pneumonia"); pucumonia, Bronchopueumonia ("Pneumonia,

> American Medical Association.) telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. approved (Recommendations on as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is loss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, perilonaeum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as by Committee on "Heart failure," "Haemorrhage," Chronic valvular heart disease; statement of cause of death Example: Measles (disease ", "Coma," "Convulsions, etc. The Nomenclature contributory Measles;

permanently filed. answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and al questions ential and must be obtained before the certificate is

PLACE OF DEATH	03960 STATE OF MARYLAND
County 13dt	CERTIFICATE OF DEATH
Treat of	Registration Dist. No. 33
Village or City Left (No	St.: Ward) (If death occurred i
2 FULL NAME Baby Bell	a hospitel or institt tion, give Its NAME is stead of street an number.)
PERSONAL AND STATIST CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
fund May SINGLE, MARRISD, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
6 DATE OF BIRTH  (Month)  (Day)  (Year)	that I last saw her alive on after 2/12 1925.
7 AGE   If LESS that I day 2 hr. yrsds. or in or	s. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Menatrist
(b) General nature of industry	2 him
business, or establishment in which employed or (employer)	(Duration)yrsd
9 BIRTHPLACE (State or country) Bult Co	Contributory Secondary (Duogram)
10 NAME OF LEG- Q , Belf	(Signed) M. I. (Address) M. I. L. M. I.
of FATHER  (State or country) Butte 6' Deed	State the I iscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Hemicidal.
of Mother Meny West	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yss
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dwah?  Former or usus! residence
(Informant) ( Resistantin 218	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  (ch /tomas 477-2/, 19
15 Filed Grill 19230 H.M. Slade Registras	2D UNDERTAKER  ADDRESS
If more blanks are needed, addre.s State Registr	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more present in the duties of the Spinner, 4b Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits ean be known. The queseupation is very important, so that the relative healthcases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e.g., Farmer or Plunter, whatever, write None. business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebross; inal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL septicaemia," "PUERPERAL peritonitis, "Inanition," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was underdiseases resulting from ehildbirth or miscarriage as (secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need not be ess important. Example: Measles (disease Chronic valvular heart disease; etc. The contributory " "Convulsions,

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-GIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD , WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE

PLACE OF DEATH	01356 STATE OF MARYLAND
County Ball a	GERTIFICATE OF DEATH
/ 01	Registration Dist. No.
Village or City Hyndon (No	St.: Ward)  St.: Ward)  General St.: Ward)  General St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.  MARRIED. WIDOWED. W. down OR DIVORCED (Write the word)	16 DATE OF DEATH 726 26 1923 0  (Month) (Day) (Year)
6 DATE OF BIRTH  (Month)  (Day)  (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1927. to 7 2 6 1923 6, that I last saw h alive on 72 2 6 1923 5,
7 AGE	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
e OCCUPATION (a) Trade, profession or particular kind of work  Authority	me had Insufferen T
(b) General nature of industry business, or establishment in which employed or (employer) at home	(Duration)ds.
9 BIRTHPLACE (State or country) Ballo (a Mal	Contributory Secondary  (Duration)
FATHER Benjaman Granch	(Signed) MM, D. 7 1923 A (Address) Parolessland
STATES  OF FATHER  (State or country)  12 MAIDEN NAME  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER HEALLY Shambung	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Interment) Mier Belly Bernon	Former or usual residence
(Address) Slynders Batto (a MU	MY Cannal Cundy Man 1 1936
Filed Moh / 1923 0 Donnslase) Registrar	1 F Edine Restentour Mal
If more branks are needed, address State Registra	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (0) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. Housemaid, etc. If the occupation has been changed laborer, r," etc., Foreman, (b) Automobile foctory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coul mine, etc. Wom-(b) Cotton mill; (o) Salesman. without more precise specification as Doy For persons who have no occupation (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

permanently filed

aletanus) may be stated under the head of "contributory." >approved by If this certificate is looked over thoroughly and al questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. American Medical Association.) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify ali "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railwoy troinperilonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Committee on Nomenclature of the Chronic etc. valvular heart disease; The contributory Measles;

N. B.-

1 PLACE OF DEATH

County Battimace	CERTIFICATE OF DEATH
County Succession	Registration Dist, No. 37
Village or City Cockeypille (No. B	1 21
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Marrie MARRIED, Marrie MARRIED, Marrie MARRIED, Marrie Married Married Married (Write the word)	Month) (Day (Year)  17 I HEREBY GERTIFY, That I attended deceased from
	57 that I lest south as allies of 26 198
	S than and that death occurred on the date stated above, at. The CAUSE OF DEATH* was as follows:
BOCCUPATION (a) Trada, protession, or particular kind of work.  Done	antie Reguzsloten
(5) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds
10 NAME OF FATHER 9/ 100 T B	Secondary  (Signed) B (Buration) yrs mos d
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, if deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident
13 BIRTHPLACE	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place in the
OF MOTHER  (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ot death yrs mos ds. State yrs mos ds. Where was disease contracted, It not at place of death?
(Intermant) (Address) Cochesphielle, Maufa	Former or usual residence
Filed 27, 1980 B B Bensel	Leoundertaker litter brunch of him 29, 198 6
	e Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-For many occupatious a single word or term on the who have no occupation whatever, write Nonc. cated thus: been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, uot who receive a defiuite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar meumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anacuia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaeeause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) schsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) Meastes (disease causing death), 29 ds.; "Seuile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V 3 No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Nallo.	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Orlington (No.) atterso 2FULL NAME William Jacks	on Reulon (If death occurred in a hospital or institu- tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Wall White Opingle, Married Opingle, Married Opingle, Opi	16 DATE OF DEATH 30 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	192 . to
7 AGE  63  yrs. 4 mos. 6 ds. or min.	and that death occurred on the date stated above, at I'm. The CAUSE OF DEATH * was as follows:
p OCCUPATION (a) Trade, profession or Farmer particular kind of work	George in clude over the heart
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Durstion)yisnosds.
9 BIRTHPLACE (State or country) Queen anne Co. Ma	Contributory Secondary  (Duration)
10 NAME OF FATHER LUCKUOWN	(Signed) Constant of Constant M. D.
OF FATHER  (State or country)  12 MAIDEN NAME  O MC O	*State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Cachael Manford	13 LUNGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmos,ds. In the Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Agdress) atterion Rue	19 Place of BURIAL OR REMOVAL DATE OF BURIAL ON 1930
15 Filed Jul 9 19230 Dr & Couchals Registras	20 UNDERTAKER HELER NON MORTH & Pa
If more banks are needed, address that Registral	r, 16 W. Sarakoga St., Balto., Requesting V. S. ivo. I.

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., without muse record mine, etc. laborer, Farm laborer, Laborer—Coul mine, etc. tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Spinner, (b) Collon mill; (a) Sulcsman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. tion applies to e:ch and every person, irrespective of report specifically the occupations of persons en-Foreman, (b) Automobile factory. The materia For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal féver (the only definite synonym is "Epidemia cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E:haustion," "Heart failure," "Haemorrhage," diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy." "Collapse," "Coma," "Convulsions, st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY . (name origin; "Cancer" is less definite; avoid cough; Committee on Chronic etc. The contributory affection need not be valvular heart Nomenclature of the disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

N. B.

PLACE OF DEATH

County Baltimore	14646 CERTIFICATE OF DEATH
	Registration Dist. No. 33
Village or City Ourney bulls (No	St.: Ward)  (If death occurred im a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, Single White OR DIVORCED (Write the word)	16 DATE OF DEATH Dec 30 , 1930 (Month) (Day) (Year)
6 DATE OF BIRTH  Afril 22 , 1916  (Month) (Dsy) (Year)	that I last saw her alive on Lee 30, 1930,
7 AGE  14 yrs. 8 mos. 8 ds. or min.?	and that death occurred on the date stated above, at 6:100. m.  The CAUSE OF DEATH * was as follows:  Lobar Preumonia
(a) Trade, profession or formale particular kind of work.  (b) General nature of industry Rosewood State (same business, or establishment in which employed or (employer) School, Ourngolnell	(Duration) yrs. mos. 7 ds.  Contributory Secondary
(State or country) Ballemore, and.  10 NAME OF FATHER Richard Benty  11 BIRTHPLACE OF FATHER (State or country) Ballemore, and	(Signed) Jerge C welland M. D.  Well Dec 30 1980 (Address) Our Shield M. D.  *State the I Is as Causing leath, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME Catherine Smith of MOTHER Catherine Smith 13 BIRTHPLACE OF MOTHER (State or Country) Baltimore, Such	Accidental, Suicids or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place / Jrs. 6 mos. 13 ds. State 4 yrs. 8 mos. 8 ds.
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  Control  C	Where was disease contracted, al Place of Westlif not at place of doa.h?  Former or usual residence. Buttinine, huf
(Address) School School Segistras (	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  OR ON DEPTAKER  OF THE PROPERTY
	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more process. Farm laborer, Laborer—Coal mine, etc. Wom-laborer, Farm laborer, Laborer—the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed g: ged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Civil engineer, Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons enfirst line will be sufficient, e.g., Farmer or Planter, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-(b) Cotton mill; (a) Salesman, nnan, (b) Automobile factory. Stationary fireman, etc. But in many factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same 'disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "(Exhaustion," "Heart range," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tetanus) may be stated under the head of "contributory." tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," (secondary Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; or intercurrent) 'Congenital,' "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," Chronic Example: Measles (disease valvular heart disease; affection need not be etc. The contributory Measles;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. HYSI-Exact

	PLACE OF DEAT	H	44° 44'	
	County Baltimon	<u>ге</u>	7: 	y.
			199	
Vil	lage or City EUDO	WOOD	SANATORIUM,	TOWSON
1	<sup>2</sup> FULL NAME	man	Agnes	Be
	PERSONAL AND	STATISTI	CAL PARTICUL	ARS
_	GEX 4 COLOR O		SSINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	Single
	DATE OF BIRTH		(Write the word)	
5 6	DATE OF BIRTH	< 1	3	1000
	***************************************	(Month)	. 3 (Day)	, 107 (Year)
7 A	GE			If LESS than
	32 yrs.	<u></u>	nos. de.	I day hrs.
(8	a) Trade, profession or		Tailor	
	articular kind of work b) General nature of ind		121101	4.2.2
b	usiness, or establishment which employed or (emplo	in		
	BIRTHPLACE	, , , , , , , , , , , , , , , , , , , ,		***************************************
	(State or country)	m	aryland	
	10 NAME OF		Bera	
S.	11 BIRTHPLACE ()			
RENTS	(State or country)	Au	stria	
∢	12 MAIDEN NAME OF MOTHER	n o .c.	Pawlo	+
۵.	13 BIRTHPLACE OF MOTHER	1	100010	
I	(State or Country)		ustria	
H(	ospital Record	the best dsPe	of my knowler rsonal Hi	story
E	(Informant) adowood Sanato	orium,	Towson,	Md.
15	1.	20 8	Imp Bu	thorn

If more banks are needed, addre.s State Registra

### 0156 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

an number.)	ME ir - and
MEDICAL CERTIFICATE OF DEATH	-
16 DATE OF DEATH	
Jan 11 , 131	
(Month) (Day) (Ye	
17 I HEREBY CERTIFY, That I attended the deceased Dec 20 1927 to 17 17 17	70
that I last saw h R v alive on 16 , 1	3.O.,
and that death occurred on the date stated above, at	a.m.
The CAUSE OF DEATH * was as follows:	
Pulmona, Tuberasloses	
About (Duration) 5 yrs. mos.	ds.
Contributory Secondary	
(Dustion) yyrsmos	ds.
(Signed) / A Drudget	M. D.
a. 17 1930 (Address) Towson, Marylar	
*State the Disease Causing Death, or, in deaths fr Violent Causes, state (1) Means of Injury and (2) Whet Accidental, Suicidal or Homicidal.	cm her
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, lents or Recent Residents)	
At place of death 21 yrs. 0 mos. 27% ds. In the 32 yrs. mos.	ds,
Where was disease contracted, Unknown if not at place of dea.h? Unknown	
Former or usual residence 1425 Wolfe St.	
19 PLACE OF BURIAL OR REMOVAL DATE OF BURI	
V-10-0	930.
George Lucy 1735 Harrond ave	
r, 18 W. Saratoga St., Balto., Requesting V. S. Ao. 1.	MALL

V. S. No. 1

N. B.--

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in Physician, Compositor, Architect, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocr." etc., report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Locomotive engineer, (b) Grocery;

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," approved by Committee on telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL perilonilis, "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); American Medical Association carbolic acid-probably suicide. The nature of the injury, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death as fracture of skull, Examples: Accidental drowning; Struck by railway train-(secondary or Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY (name origin; "Cancer" is less definite; avoid cough; intercurrent) affection need not be Chronic and consequences (e. g., sepsis, etc. The contributory valvular heart Nomenclature of the Measles; disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ACE should be stated EXACTLY, I that it may be properly classified CORD Every item of information should be carefully supplied ACE should be stated EXAC CIANS should state CAUSE OF DEATH in plain terms so that it may be properly class statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT BINDING WITH UNFADING INK---THIS IS MARGIN RESERVED WRITE

FOR

PLACE OF DEATH Baltimore

### STATE OF MARYLAND CERTIFICATE OF DEATH

410/ Colmondon

Registration Dist. No.

648	Orpington	Rd.
		Su:

	. Catonsville (No	St.: Ward)  St.: Ward)  (If deeth occurred is a hospited or Institution, give its NAME insteed of afreet end number.)
PERSON	NAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female	White Single, Widow OR DIVORCED (Write the word)	16 DATE OF DEATH May 9, 1930  (Month) (Day) (Year)
6 DATE OF BIR	Oct. 21, 1846.  (Month) (Day) (Yes	than and that death occured on the date stated above, 26 4 7 7 mm,
(b) General n business, or e	ofession or d of work None ature of industry stablishment in sed or (employer)	Contributory (Duration) Jyrs mas 3 ds
	George M. Stumpf	(Signed)  State the Disrase Causing Death, or, in deeths from Violent Cause, state (1) Means of Injury and (2) whether
	Unknown	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yis da. ln the 83 yrs 6 mol ds.  Where was disease contracted, if not at place of death?
(Informant)	Charles & Stump	Former or usual residence

20 ONDERTAKER

If more branks are needed, address State Registrar, 16 W. Saratega St., Balto., Requesting V. S. No. 1.

2 No. 1

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15

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). er," etc., wire laborer, state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servont, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationory firemon, etc. the first line will be sufficient, e. g.. Former or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health. Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (o) Salesman. without more precise specification as Day Compositor, Architect, who are engaged in the duties of the For persons who have no occupation (b) Automobile factory. The Laborer-Coul mine, etc. Locomotive engineer, But in many 6 material Grocery; Wom-

"PUERPERAL seplicaemia," "PUERPERAL perilonitis,

State cause for which surgical operation was under-

and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL,

FOR VIOLENT DEATHS State MEANS OF INJURY

Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely.

fever (the only definite synonym is "Epidemic cerebrospinal menin ritis"); Diphtheria (avoid use of "Croup"); Statement of Cause of Death-Name, first, the DIS-Lobar pneumonia Typhoid fever (never report "Typhoid Pneumonia") to time and causition), using always the same accept-EASE CAUSING DEATH (the primary affection with respect for the same disease. Examples: Cerebrospinal Bronchopneumonia ("Pneumonia,

> "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, diseases resulting from childbirth or miscarriage as "Exhaustion," "Heart range," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmcumonia (secondary). stated unless important. (secondary or intercurrent) Whooping cough; Chronic Chronic interstitual nephritis, use of "Tumor" for malignant neoplasms); inges, peritongeur, .... (name "Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condiindefinite); Tuberculosis of lungs, menorigin; "Cancer" is less definite; avoid etc., Carcinoma, Example: Measles (disease etc. The contributory affection need not be valvular heart Always qualify all Sarcoma, " "Convulsions,

Meusles; diseuse;

etc., of

answered in detail, it will prevent further correspondence. A lthe data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all quations

tetanus) may be stated under the head of "contributory.

(Recommendations on statement of cause of death

Nomenclature of the

approved by Committee on

American Medical Association.)

as fracture of skull, and consequences (e.g., sersis, carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by

m

PLACE OF DEATH County Balto	(3)
Village or City Reisterstown Md Po	edme
PERSONAL AND STATISTICAL PARTICULARS	
Male Whate Or Bace Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE
The state of Birth (Mowth) (Day) (Yes)	6.7 that I I
63 yrs. 2 mosde. [If LESS]	hrs. The CA
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Cont
State or country) Russia	Sec
10 NAME OF FATHER Sam Belman  11 BIRTHPLACE OF FATHER  10 NAME OF Sam Belman	(Signed)  Seft  Viole
(State or country) Pussia  12 MAIDEN NAME OF MOTHER  OF MOTHER  OF MOTHER	18 LENG
13 BIRTHPLACE OF MOTHER (State or Country)  Russia	At place of death Where wif not a
(Informant)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former of usual res
	19 PLAG

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-Ward) tion, give its NAME in-stead of street and number.) MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) I HEREBY CERTIFY, That I attended the deceased from and that death occurred on the date stated above, at The CAUSE OF DEATH \* was as follows: (Duration) (Duration) \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) Where was disease contracted, if not at place of death? DATE OF BURIAL

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

20

man

Contributory

Secondary

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; if sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. state occupation at beginning of illness. If retired from er," ete., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Plonter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestie service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the tion applies to each and every person, irrespective of Foremon, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Loborer-Coal minc, etc. Wom-(b) Cotton mill; (o) Salesman. without more precise specification as Doy For persons who have no oecupation (b)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosynnul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. use of "Tumor" for malignant neoplasms); Measles; inges, perilonocum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely can be ascertained as the cause. Always qualify ali "Inanition," "Marasmus," "Old Age," "Shock," "Debility" tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic valvulor heart disease; Chronic interstition nephritis, etc. The contributory approved by Committee on Nomenclature as fraeture of skull, and eonsequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State eause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease "Exhaustion," Examples: Accidental drowning; Struck by railway train-American Medical Association.) danus) may be stated under the head of "contributory." Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions," FOR VIOLENT DEATHS State MEANS OF INJURY Never report mere symptoms or terminal condi-("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, or intercurrent) affection need not be Example: Meosics (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is termanently filed

CIANS should state CAUSE OF DEATH in plain terms so that it may be p statement of OCCUPATION is very important. See instructions on back-of	( ) z	WRITE MINO, WITH UNFADING INKTHIS IS A PERMANEN BEvery item of information should be carefully supplied. ACE should be s	AIN, , nformat	WITH WITH	TARGIN FUNFADING	SESER C INK	RVEDTHIS	FOR IS A	MARGIN RESERVED FOR BINDING I UNFADING INK-THIS IS A PERMANEN OUID be carefully supplied. ACE should be s
		CIANS should statement of OC	state C	AUSE O	F DEATH is	ant. S	ee instr	so tha	t it may be p s on back of

1PLACE OF DEATH	08949 STATE OF MARYLAND
County Baltimores	CERTIFICATE OF DEATH
	Registration Dist. No. 38
Village or City I Alenylde (No	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale: Mrites 5 SINGLE, MARRIED, Maraieds.  WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Jan. ? 28, 1855	Jan, 10 1930 . to August 4 , 1930.
(Month) (Day) (Year)	that I last saw h M alive on 1990,
7 AGE   IfLESS than	
75 yrs. 6 mos. 6 ds. or min.?	
(a) Trade, profession or particular kind of work  (b) General nature of industry husiness, or establishment in which employed or (employer)	Obronie Magbarditiss:  (Duration) yrs. mos. ds.
9 BIRTHPLACE (State ex-country)	Contributory Secondary
Brooklyn, New york.	(Durstion)ds,mos,ds,
10 NAME OF FATHER Haddel his Fine all	(Signed) M. D.
II BIRTHPLACE	Aug. 4 1930: (Address) 60 14 York Road, Balto.
OF FATHER (State or country) Jermany,	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER (?)	16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country) Denname	of deathyrsds. Stateyrsds. Where was disease contracted,
4 THE ABOVE IS TRUE TO THE BEST OF MY NOWLEDGE	if not at place of death?
(Informant) A. M. Wade	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Me Grandel :	bedar fell lug 6. 0
Filed aug/4 1980 HW Dul-	20 UNDERTAKER ADDRESS

Registrar

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (o) Salesman. (b) ployed, as At school, or At home. Care should be taken laborer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enwhatever, write None. Foreman, to know (a) the kind of work and also (b) the For many occupations a single word or term on Or Farm laborer, Laborer-Coal minc, etc. Womyrs). At Home, and children, not gainfully emwithout more precise specification as Doy (b) For persons who have no occupation Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

> inges, perilonoeum, etc., Corcinona, Sorcona, etc., of stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senilc," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (Increly symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping cough; State cause for which surgical operation was under-"PUERPERAL schticacmia," "PUERPERAL perilonilis, diseases letanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, carbolic ocid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railwoy train-American Medical Association.) approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, resulting from childbirth or miscarriage as by Committee on Nomenclature Chronic valvular heart disease, etc. The contributory affection need not be

At this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and an experimental effort the certificate is permanently filed DYSADE

•	WITH UNFADING INKTHIS IS A PERMANENT	on should be carefully supplied. ACE chould be stated NUSE OF DEATH in plain terms so that it may be proper ON is very important. See instructions on back of can
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PLAC	E OF DEATH			14647	STATE OF	MARYLA	ND
County &	Paltinore			3 4	CERTIFICA		
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Village or <del>Ci</del>	~1		/	lan Bun	St.: Wa	rd) (If death a hospit I tion, give it	B NAME I.
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PERSC	NAL AND STATIST	ICAL PARTIC	ULARS	MEDI	CAL CERTIFICATI	E OF DEATH	
3 SEX	4 COLOR OR RACE	SINGLE.		16 DATE OF DEATH	1		` ^ -
male	white	WIDOWED. OR DIVORCE (Write the word	Single	***************************************	(Vonth)	(Day)	(Year)
6 DATE OF BI	RTH			17 / I HEREB	Y CERTIFY, That I		
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	(Month)	(Day)	(Year)	that I last saw h	malive on In	r. 25	198 C
7 AGE			IfLESS than	and that death occu	irred on the date sta	ted above, at	an m
	67 11	5/ 1	I day hrs.	The CAUSE OF DEA	TH * was as follows:	~	
BOCCUPATIO		moa. 26 de	s. or inin.?			·	
🕷 (a) Trade, p	rofession or			Urleno	- Jelenson	<u> </u>	
particular ki	nature of industry	***************************************	***************************************		***************************************	0 ** ** {* 0 * 0 * 0 * 0 * 0 * 0 * 0 * 0	a
business, or	establishment in yed or (employer)	and 1150	56)		(Duration)	yrs me	os de
9 BIRTHPLAC				Contributory		***************************************	
(State or c	Back Co	and.		Secondary	(D)	7 0	
10 NAME	OF CI	2 6	. /	(Signed) Mala	1 20 An	yrsm	
FATHER	maries C	. Beno	redy	10	Q (Address) Whi	t. 14000	2 d
OF FATI						th or in doct	ha from
ш	or country) enn	eghama		Violent Causes, s	biscase Causing Dead tate (1) Means of or Homicidal.	Injury and (2)	Whether
12 MAIDE	- //· A	of Wan	- (		ESIDENCE (For Hor		
13 BIRTHE	PLACE /	1		ients or Recent R			
OF MOT	HER Baels	Co had.		At place of death yrs	mosds.	the Stateyrs	mos,ds
4 THE ABOVE		OF MY KNOWL	EDGE	Where was disease con	tracted,		**************
0	7. 51 6	0	1	Former or usual residence			
(Informan	M. C. H. K	emoudy		19 PLACE OF BURIA	AL OR REMOVAL	DATE OF	BURIAL
(Add	ress) White	Hell. 2	2	The cool	Cemeta 1	Dev 3	. 1820
15	2 2/2	mal.	- 209	20 UNDERTAKER	2	ADDRESS	, 140 (2)
Filed Ju	1980 1	) un un	Registrar	P. Markeli	re for	Whiten 4	all. hed
	If more branks are	needed, address	State Registrar	, 16 W. Saratoga St.,	Balto., Requesting V	. S. No. 1.	-
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V. S. No. 1

WRITE

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Sulesman, (b) Grocery; Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from laborer, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The queswhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, guged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the dutics of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed " etc., without more precise specification as Day borer, Farm laborer. Laborer—Coal minc, etc. Wom-Foremon, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Automobile foctory. The materia.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise sc. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diohlheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

\* " Uraemia, "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart range," "Old Age," "Shock, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meusles; approved by Committee on Nomenclature of the tetunus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of had-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State eause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the eause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopmeumonia (secondary), (secondary or intercurrent) affection need inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, Examples: Accidental drowning; Struck by railway train-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic and eonsequences (e.g., sepais valiralar heart etc. The contributory discase; not

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V. S. No.

PLACE OF DEATH County Balto	13528 STATE OF MARYLAND
County Daeco	CERTIFICATE OF DEATH
10,00	Registration Dist. No.
	Ward)  (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF REATH
	MEDICAL CERTIFICATE OF DEATH
male Ahito Single, Married, Widowed.  Male Ahito (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
aug. 18 th 1883	, 192, 192,
Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE   If LESS than   I day	
47 yrs. 2 mos. 2 4 ds. or min.?	n head
a) OCCUPATION (a) Trade, profession or particular kind of work	Jistol shot wound;
(b) General nature of industry	Juicide
business, or establishment in which employed or (employer)	(Duration) yrs. mos ds.
9 BIRTHPLACE (State or country) Balto. Ind.	Contributory Secondary  (Durstion)  yre
10 NAME OF FATHER HARRIS T. Berry	(Signed) Jacob Gallman Coroner M. D.
of FATHER (State or country) Balto. Ind.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME OF MOTHER OF MOTHER	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Balts. 2nd,	At place of deathyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) ms. V. T. Berry	Former or usual residence
(Address) 2744 & downder live	London Park ten. 2000. 17. 1930
15 Filed nov. 15 1930 The Gornelle Registral	Seo. A. Little 2700 Edmoren
If more branks are needed, addre.a State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully em-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necestired 6 yrs). For persons who have no occupation Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (a) the kind of work and also (b) the (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicacmia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; Chronic etc. The contributory valvular Always qualify all heart disease; not be

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V. S. No. 1

	1PLACE OF DEATH County Attimore	12165 STATE OF MARYLAND CERTIFICATE OF DEATH
	Village or City Spanons (Soint. )	Registration Dist, No. 44  St.: Ward)  St.: Ward  St.: Ward  St.: Ward  St.: Ward  St.: Ward  St.: Ward  St.: Ward
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, MIDOWED, MORNIED OR DIVERCEO (Write the word)	16 DATE OF DEATH a John 9, 1930  (Month) (Day) (Year)
	6 DATE OF BIRTH Dec 15, 1884	17 I HEREBY CERTIFY, That I attended the deceased from unch july 192 , 192 ,
	(Month) (Day) (Year)  7 AGE  A 5 yrs. G mos. J ds. or min.	and that death occurred on the date stated above, at 5.30 Pm.  The CAUSE OF DEATH * was as follows:
The same	(i) Trade, profession or About	over entire body by
(	(b) General nature of industry business, or establishment in which employed or (employer) or the lemma Hutler  9 BIRTHPLACE  P	(Durstion)ds.
	(State or country) Reming to Va  10 NAME OF Pandall By Thice	(Signed) (Si
	OF FATHER (State or country) Reming In Ua  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN NAME  18 MAIDEN NAME  19 MAIDEN NAME  19 MAIDEN NAME  10 MAIDEN NAME  11 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  17 MAIDEN NAME  18	*State the Disease Causing Death, or, in deaths from Volent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
	13 BIRTHPLACE OF MOTHER Contract of Country) Reming In . Va	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MYKNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) 1/10 6 Engu St.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  ME Dalvary Can D 13 1930  20 IIN DERTAKER ADDRESS
	Filed Oct / 0 19230 G fft Comick M. 2. Registrar	20 UNDERTAKER  ADDRESS  ADDRESS  16 W. Saratoga St., Baito., Requesting V. S. No. 1.
	. moto state notate, admitted to the control of the	

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laboreryrs). (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed -Coal minc, etc. Wom-

Statement of Cause of Death—Name, first, the bis-Least Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphall fever (the only definite synonym is "Epidemic cerebrogenal spinal meningitis"); Diphtheria (avoid use of "Croup"); spinal meningitis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of death diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage," use of "Tumor" for malignant neoplasms); Measles, American Medical Association.) telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic Chronic interstitial nephritis, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY or intercurrent) affection measles (disease important. Example: Measles (disease Chronic valvular heart disease; etc. The contributory

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	MINEY,	of inframes
	WRITE	M ST Event Home
V. S. No. 1	(	The state of the s
D.		2

		15468 STATE OF MARYLAND
County Dall		CERTIFICATE OF DEATH
1 1 +		Registration Dist. No. 33
Village or City Kend CA	Maryna	St: Ward) (If death occur a hospital or i
2FULL NAME M	argaret . P.	Belloy tion, give its NA stead of stree number.)
PERSONAL AND STAT	TISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jamale whil	MARRIED. W. downord (Write the word)	16 DATE OF DEATH., 199 (Month) (Day) (Y
6 DATE OF BIRTH	Man 23.18 50	1 HEREBY CERTIFY, That I attended the decouses
	Month) (Day) (Year)	
7 AGE	If LESS that	
7/ yrs.	mos. ds. or min.	
8 OCCUPATION	0	- Chumonia Votas
(a) Trade, profession or particular kind of work	House works	
(b) General nature of industry business, or establishment in		**************************************
which employed or (employer).	*********	(Duration) yrsmos
9 BIRTHPLACE (State or country)	ruland	Contributory Secondary  (Duration)
ID NAME OF	st delining	(Signed) Truss Y. Saffely
LIMM	THINKT I	1, 2/ 21
11 BIRTHPLACE	of Mary	- 1-2 - 1921 (Address) Alle les Sources
II BIRTHPLACE OF FATHER (State or country)	uniony	
II BIRTHPLACE OF FATHER	uniony enknowen	*State the Pisease Csusing Death, or, in desths f Violent Causes, state (1) Means of Injury and (2) Whe Accidental, Suicidal or Homicidal.
OF FATHER  OF FATHER  (State or country)  12 MAIDEN NAME  OF MOTHER  13 BIRTHPLACE  OF MOTHER	uniony enknowen	*State the Piscase Csusing Death, or, in deaths f Violent Causes, state (1) Means of Injury and (2) Whe Accidental, Suicidal or Homicidal.
II BIRTHPLACE OF FATHER (State or country) II MAIDEN NAME OF MOTHER IS BIRTHPLACE OF MOTHER (State or Country)	in long  Instroven  Showen  BEST OF MY KNOWLEDGE	*State the Disease Causing Death, or, in deaths f Violent Causes, state (1) Means of Injury and (2) Whe Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents)  At place In the
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE	Infraver Showen BEST OF MY KNOWLEDGE	*State the Disease Csusing Death, or, in deaths f Violent Causes, state (1) Means of Injury and (2) Whe Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents)  At place of death yrs ds. State yrs mos Where was disease contracted,
II BIRTHPLACE OF FATHER (State or country) I2 MAIDEN NAME OF MOTHER I3 BIRTHPLACE OF MOTHER (State or Country)	en i ory	*State the Pisease Csusing Death, or, in deaths f Violent Causes, state (1) Means of Injury and (2) Whe Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents)  At place of death yrs disease contracted, if not at place of death?  Former or
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE	INTERPORTED BEST OF MY KNOWLEDGE  BEST OF MY KNOWLEDGE  BEST OF MY KNOWLEDGE  BEST OF MY KNOWLEDGE  Registras	*State the Pisease Csusing Death, or, in deaths f Violent Causes, state (1) Means of Injury and (2) Whe Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents)  At place In the of death yrs mos ds. State yrs mos for the total place of death for the total place of death?  Where was disease contracted, if not at place of death?  Former or usual residence

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer frestate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scruml, Cook, Housenwid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Physicium, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write Nonc. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-3178). (b) Cotton mill; (a) Salesman. without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation 6 Grocery;

Statement of Cause of Death—Name, first, the first EARL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphulf fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Scnile," etc.), "Dropsy," ("Ezhaustiou," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-Whooping American Medical Association. Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Committee on Nomenclature of the Chronic valvular heart disease; nephrilis, etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

		act	PLACE	OF	DEATH
X	H	H X	County Ba	15	imore

1464

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Vi	ellage or City <u>FUDOWOOD SANATORIUM</u> , TOWSO	tion, give its NAME in
1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WILDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH , 1930
6	DATE OF BIRTH  Sune 27, 1861  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from September 3 19230 to Dec 24, 1930 that I last saw hundlive on Dec 24, 19230,
7	AGE  69. yrs. 5 mos. 21 ds. or min.?	and that death occurred on the date stated above, at 6.50 Pm. The CAUSE OF DEATH * was as follows:
O	(a) Trade, profession or particular kind of work work work which man purposes, or establishment in which employed or (employer)	(Duration) / yrs. // inos de
9	(State or country) Bactimore, Md.  10 NAME OF FATHER Christopher Bieruig	Secondary  Duration)  yrs
RENTS	12 MAIDEN NAME	*State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidai.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
PA	13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents)  At place of death
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE HOSPITAL Records Personal History (Informant)	Former or wayland.
15	Eudowood Sanatorium, Towson, Md. (Address)  Filed Del 24 1930 W. K. Buffer Registrar	St. Matthey Centery Dec 27, 1932 20 UNDERTAKER ADDRESS HUBLET OULS 424M. Broadway
	If more beanks are needed, address State Registra	r, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile foctory. The material work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the er," etc., additional line is provided for the latter statement; it cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, household only (not paid Housekcepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesreport specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the DISEANE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrophial fever (the only definite synonym is "Epidemic cerebross; inal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death American Medical Association.) approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anacmia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, State cause for which surgical operation was under-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS state MEANS OF INJULY Never report mere symptoms or terminal condi-" "Marasmus," "Old Age," "Shock," Chronic etc. valvular heart disease; The contributory Measles ;

If this certificate is looked over thoroughly and al qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

f. S. No. 1

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Exact

PLACE OF DEATH	01357 STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH
Sheppard and Enoch Pratt Hospit	Registration Dist. No. 3
Village or City Towson (No	St.: Ward) (If death occurred in a heapitul or institution, give its NAME in-
2FULL NAME ( #ARLO)	TEHILLING Canumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR-DIVORCED (Write the word)	16 DATE OF DEATH    1980
DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1930, to 2 - 1930, that I last saw h Valivo on 2 - 1930
7 AGE 43 4 Jyrs. mos.   If LESS than   day hrs. or min.?	The CAUSE OF DEATH * was pa follows:
8 OCCUPATION (a) I rade, profession or particular kind of work	Broncho Jneumonial clus ?
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs mos de
9 BIRTHPLACE (State or country)	Contributory Secondary  Secondary  Jyrs Inos de.
10 NAME OF FATHER JAMES Billingsley	(Signed) Arthur E. Pattrell M. D.  193 (Addiess) Towson, Md.
OF FATHER (State or country)	*State the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER MANE Mailette he spayde	LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Hospital Records	usual residence
(Address)	Emollan Meuley telt 47, 1030
Filed +cf / 1930 Mm Buller Registra	20 UNDERTAKER MORESS ADORESS DOLLO

If more blanks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V.S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from (a) Foreman, (b) Automobile factory. The naterial worked on may form part of the second statement. Vever return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As champles: 'a additional line is provided for the latter statement; in nature of the busi ess or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the whatever, write None. Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, et :.. www.laborer, ... For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day (a) the kind of work and also (b) the Laborer-Coal mine, etc. Locomotive engineer, But in many (6) Grocery, Wom-

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal menincitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumania. Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Hacmorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uracmia," "Weakness," etc., when a definite disease ".Puerperal sopticuomio," "Puerperal portonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar/ use of "Tumor" for malignant neoplasms); inges, peritonaeum, approved by Committee on Nomenclature (Recommendations on statement of cause of death carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) ..... (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY or intercurrent) etc., Carcinoma, Sarcoma,, Chronic Example: Measles (disease The niture of the injury, affection need not etc. valerular heart The contributory Always qualify all Mensles ; disease, etc., or

If this certificate is looked over thoroughly and all questions answered in derail, it will prevent further correspondence. A ithe data is essential and must be obtained before the certificate is permanently filed.

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V. S. No. 1

PLACE OF DEATH	06441 STATE OF MARYLAND
County (Sall)	CERTIFICATE OF DEATH
01.00	74a Registration Dist. No.
Village or City Jashwell (No	St: Ward) (If death occurred In a hospital or institution, give its NAME ir
2FULL NAME Venry Wing	tion, give its NAME ir stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Married Mule State of Divorced (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
aug 5 1852	June 1 199 Jule 10 , 1930.
(Month) (Day) (Year)	what I last saw has alive on the 1
7 AGE    If LESS than	and that death occurred on the date stated above, at
77 yrs. 10 mos. 5 ds. or min.	The CAUSE OF DEATH * was as follows:
B OCCUPATION	(to se Last Sturstly a m.
(a) Trade, profession or particular kind of work	CUI IN THE GIRMS THE STATE OF T
(b) General nature of industry	
business, or establishment in thirteel 12 Mrs which employed or (employed thirteel 12 Mrs	Contributory attantion to the state of the s
9 BIRTHPLACE (State or country) Sermann	Secondary  Duyston yrs mos ds.
10 NAME OF FATHER VINKWIND	(Signed) M. D.
0) 11 BIRTHPLACE OF FATHER 1	192 (Address)
OF FATHER (State or country)  12 MAIDEN NAME  C	*State the Discase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER VNRWW	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Prai Bine	Former or usual residence with Bay.
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) foulls lon	Edge Hill 6 emetery June 13. 1930
15 Filed 6/12 19835 Da Fitzi M. 8	20 UNDERTAKER  OF 110 A DDRESS  The first transfer of tran
O Registrar	Treck Lassahut Son Tullerlow, Md.
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation work, or At Home, and children, not gainfully em-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a er," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, worked on may form part of the second statement. report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." can be ascertained as the cause. Always qualify all "Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage as " "Weakness," etc., when a definite disease Chronic etc. The contributory valvular heart disease;

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N. B.--

	PLACE OF DEATH	7 07670 STATE OF MARYLAND
	County Dallo	CERTIFICATE OF DEATH
	100	Registration Dist. No. 44
ľ	FULL NAME Eva Birkl	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1 m	Make A COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6	DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	nov. 6, 1864	June 1 19/30 to July 12 , 19/30
-	(Month) (Day) (Year)	that I last saw has alive on 19/30
	6 Jyrs. 8 mos. 1 da. or min.?	
8	(a) Trade, profession or particular kind of work Housewife	Pulmonan Oldaema, Taki
	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosds,
9	State or country) Sumany	Contributory Secondary  (Duration)
	10 NAME OF HENRY Rahm	(Signed) allen C. Bulham, M.D.
O FINA	(State or country) Jermany	State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OVO		18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country)  Jennany	ients or Recent Residents)  At place of deathyrsmosds. Stateyrsmosds.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
	(Informant) Errban Birklein	Former or usuel residence  19 PLACE OF BURIAL DATE OF BURIAL
	(Address) Alelawan Goe. Essy	Oak Lawn July 14, 19 30
13	Filed July 18 1980 Jlm S. Connelly	20 UNDERTAKER Commelly Coory
=	If more blanks are needed, address State Registyar	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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#### REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., without more precise specincation as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions," FOR VIOLENT DEATHS State MEANS OF INJURY Chronic affection etc. The contributory valvular heart disease; need not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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DI	ACE	OF	DEA	TH
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County Hexplordx Baltimore

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#### STATE OF MARYLAND CERTIFICATE OF DEATH

		Registration Dist. No. 78
Villa	ge or City Bradshaw (No	St: Ward) (If death occurred im a hospital or institution, give its NAME II - stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
manufacture and other	Male White Write the word)  Male July 4 , 1 905	May 31, 192 30  May (Month) 31 (Day) 30 (Year)  17 I HEREBY CERTIFY, That I attended the deceased from Instantly killed 192 to 192 that I last saw has alive on 192
(a) par (b)	(Month) (Day) (Year)  E  24 yrs. 11 mos. 2 ds. or min.?  CUPATION Trade, profession or ticular kind of work  General nature of industry iness, or establishment in ich employed or (employer)  U. S. Army	and that death occurred on the date stated above, at
STNTS	New York  O NAME OF FATHER  I BIRTHPLACE OF FATHER (State or country) Unknown  2 MAIDEN NAME	(Signed)
PA	OF MOTHER Unknown  3 BIRTHPLACE OF MOTHER (State or Country) Unknown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transionts or Recent Residents)  At place of death yrs mos ds.
	(Informant) U.S. Army Records,  (Address) Aberdeen, Md.	Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Shiped to New York , June 2 , 19
15 F	iled June 2 192 30 Fred Morlok	Howard K. McComas, Abingdon, Md.

If more beanks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

'(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs. state occupation at beginning of illness. If retired from Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., Without more pressure of the laborer, Farm laborer, Laborer—Coal minc, etc. Womshould be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed g. ged in domestic service for wages, as Screant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. whatever, write None. to report specifically the "occupations of persons en-Foreman, For many occupations a (b) Cotton mill; (a) Salesman, (b) For persons who have no occupation (b) Automobile factory. The material single word or term on The ques-Grocery;

Statement of Cause of Death—Name, first, the DISEALL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever, (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diohlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. stated unless important. Example: Measles (disease approved telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "IIaemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopnoumonia (secondary) Whooping use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples; Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Never report mere symptoms or terminal condi interstitial nephritis, by Committee on Nomenclature of the cough; " "Marasmus," "Old Age," "Shock," Chronic etc. valvular heart discase affection necd not be The contributory Sarcoma, etc., of

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

V. S. No.

	PLACE OF DEATH	13525 STATE OF MARYLAND
Co	UNIX BALTIMORE	CERTIFICATE OF DEATH
		Registration Dist. No. 3
Villag		Ward) (If death occurred in a hospital or institution, give its NAME instead of atreet and
/	2FULL NAME GEORGE HNIREW	BLACK, steed of street and number.)
1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	MARRISO, S/NG LE WHOOMED. OR DIVORCED	16 DATE OF DEATH , 1930
יווען	LE WIHIT (Write the word)	NOVEMBER (Month) 28 (Day) 1930 Year)
6 DAT	AVGUST 26, 1863. (Month) (Day) (Year)	JAN. 1929. to NOV. 26, 1930, that I last saw h / M. slive on NOV. 26, 1930
7 AGE		and that death occurred on the date stated above, at
	67 yrs. mos. ds. or min.?	
8 000	Trade, profession or	ARTERIO SCLEROSIS
part	icular kind of work LECUN HI 9 K	CHRONIC MYOCHRDITIS
busi	General nature of industry ness, or establishment in	(Duration) 2 yrs mos da
-	ch employed or (employer) / LOA / TL	Contributory
9 BIR	State or country) SCOTLAND,	Secondary (Durstion) yrs
10	NAME OF	(Signed) Ahm K. Hererombie M. D.
	FATHER ANDREW L. BLACK	100179 1920 (Address 574 4000 Ross
ENTS	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
AR 1	OF MOTHER ANNIE TURNBULL	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
D	BIRTHPLACE OF MOTHER OF MOTHER	ients or Recent Residents)  At place In the State
1 "		of deathyrsds. Stateyrsds.
1	(State or Country)	Where was disease contracted.
1		Where was disease contracted, if not at place of death?
14 TH	(State or Country)  E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Info	Where was disease contracted, if not at place of death?
14 TH	(State or Country)  E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or usual residence.
14 TH	(State or Country)  E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  Lithly ale  Registras  Registras	Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  A DATE OF BURIAL  19 PLACE OF BURIAL

13525

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from fulness of various pursuits can be known. The quesbusiness, that faet may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. work, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the (b) Grocery;

Statement of Cause of Death—Name, first, the pisease crousing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Caneer" is less definite; avoid as fraeture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, diseases resulting from ehildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. ean be ascertained as the cause. Always qualify all "Uraemia, " "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal condieausing death), 29 ds.; Bronchopncumonia (secondary), American Medical Association.) or as probably such, if impossible to determine definitely. State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train Whooping "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJULY cough; Chronic valvular heart disease; etc. The eontributory

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B	2	PHYS
	ORD	EXACTLY,
SERVED FOR BINDING	INKTHIS IS A PERMANENT I	lly supplied ACE should be stated EXACTLY, PHYS
SERVED FO	INKTHIS	Ily supplied

MARGIN

of certificate. PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. COLOR OR RACE 3 SEX MARRIED, WIDOWED. structions on back OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than I day hrs. (a) Trade, profession or particular kind of work important. (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME 9 0 0 Mry 198 U(Address andallaton S O 11 BIRTHPLACE ENTS OF FATHER CAUSE ATIO (State or country) 12 MAIDEN N œ V d occup/ 18 BIRTHPLACE At place of death OF MOTHER (State or country) Cian's should statement of O Former or usual residence

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and St.: Ward)

Hack	*******************	number.)	
MEDICAL C	ERTIFICATE	OF DEATH	
	(Month)	(Day)	(Year)
that I lest w hamalive	e on UCT	31,	,, 1923 A
The CAUSE OF DEATH . V	vas as follows:		
Contributory Secondary	(Duration)	tur"	108 M.

\*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Sulcidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

In the Where was disease contracted.

if not at place of death?.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning cfillness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (n) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Ciril engineer, Stationary fireman, etc. But in many the first line will be sufficient, c. g.. Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Cure should be taken en at home, who are engaged in the duties of the er," etc., whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return 'Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on yrs). Farm luborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The (b) material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lohar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. "(Exhaustion," "Heart lanure, "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomstited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, tetanus) may be stated under the head of "contributory." carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all causing (secondary or intercurrent) affection need not be Whooping cough; . . . . . (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis Examples: Accidental drowning; Struck by railway train-American Medical Association.) Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), interstitial nephritis, resulting from childbirth or miscarriage as by Committee on Nomenclature of the Chronic valvulur heart disease; etc. The contributory Sarcoma,, etc., of

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S No. 1

PLACE OF DEATH	12166 STATE OF MARYLAND
County Ballesser	CERTIFICATE OF DEATH
a no id	74a Registration Dist. No. 33
Village or City Owneys Mells (No	St.: Ward)  (If death occurred is a hospital or institution, give its NAME is stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR OIVORCED (Write the word)	16 DATE OF DEATH Geb / O , 1923 O (Month) (Day) (Year)
6 DATE OF BIRTH  A20 24, 1874  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1920 to Oct 10 , 1925 that I last saw how alive on Oct 16 , 1923
7 AGE    If LESS than   I day hrs.   16 ds. or min.   or	and that death occurred on the date stated above, at
BOCCUPATION (a) I rade, profession or particular kind of work (b) General nature of industry	Pleure-Preumona
BOCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Contributory Contributory Contributory
BOCCUPATION  (a) Trade, profession or Particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  An derick Palsch	(Duration) yrs. 2 mos de  Contributory Corector Strandary  (Duration) yrs mos 6  (Signed) M. 372, Slaste M. D
B OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry  (business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  71 BIRTHPLACE OF FATHER (State or country)  (State or country)  (State or country)	(Duration) yrs. 2 mos. de  Contributory Contributory Secondary  (Duration) yrs. mos. 6  (Signed) 4-312, Slesse M. D.
BOCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	(Duration) yrs 2 mos de Contributory Contributory Secondary  (Duration) yrs mos 6 de (Signed) 7-30, Slade M. [  (Signed) 19230 (Address) Parales (M. [  *State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
BOCCUPATION  (a) Trade, profession or Particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER	(Signed) A. Tr., Slack M. I  State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  13 LINGTH OF RESIDENCE (For Hospitals, Institutions, 7r.n. ients or Recent Residents)  At place of death yrs. mos. ds. State yrs. mos. de
B OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	(Signed) A. Fr. Sleske M. I  State the listase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Irministrator Resent Residents)  At place In the
B OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	(Duration) yrs. 2 mos. de  Contributory Secondary  (Duration) yrs. mos. 6  (Signed) 772, 5124  (Signed) 19270 (Address) Pearles from M. D.  *State the Histase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Truns ients or Recent Residents)  At place of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, if not at place of death forms.

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g.. Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to e.ch and every person, irrespective cf fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at bome, who are engaged in the duties of the additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemard, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully em-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraphial fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); s. inal meningitis"); Diphtheria (avoid use of "Croup"); Ipphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

permanently filed.

answered in detail, it will prevent further correspondence. All the duta is essential and must be obtained before the certificate is nermanently fluid

"telahus) may be stated under the head of "contributory." (Recommendations on statement of cause of death American Medical Association.) inges, reritoraeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, diseases resulting from ebildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrbage," "Shock," "Shock," st\_ted unless important. use of "Tumor" for malignant neoplasms); Measles; carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Com2," "Convulsions, tions, such as "Asthenia," "Anacmia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be st.ted unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY this certificate is looked over thoroughly and all qu stions Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

S No. 1

PLACE OF DEATH	02594 STATE OF MARYLAND
County Baltimote	CERTIFICATE OF DEATH
0, 1000	Registration Dist. No.
Village Con Catonsville Offreng 2FULL NAME Elijabeth Bo	AZ 1 24 - D7 8 9 4 57 V.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fencele White Single, Widow OR DIVORCED (Write the word)	16 DATE OF DEATH Mcl. 23 , 19230 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
March 2, 183	5 Mc// 1930. 10 Mch 23, 19270
(Month) (Dsy) (Yea	~ 20
7 AGE III LESS to le day	the state of the s
80 yrs. 0 mos. 2/ds. or m	nrs. The CAUSE OF DEATH * was as follows:
occupation (a) I rade, profession or particular kind of work (b) General nature of industry	Oh Inter Nephritis
business, or establishment in	(Duration)yrsmosds.
which employed or (employer)	· Contributory aferia Sclavosi
(state or country) Maryland	Secondary (Duration) yrs, mos, ds,
FATHER John Dodd	(Signed) OBC E Chrieft M. D.
IN 11 BIRTHPLACE	Mch 21 1930 (Address Catonsulla Ma
Z (State or country) Cupland	*State the Placase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Seuce Mcallister  13 BIRTHPLACE	18 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER	At place of death yrs mos / 2ds, In the Soyrs O mos 2/ds.
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, a Baltington
6001 1-	Former or 22.0 60 10 18 01
(Informant) C, C. Sylvester	19 PLACE OF BURIAL OR PEMOVAL DATE OF BURIAR
(Address) 2309 Essent and	Mt Blivet bemitten Mar 26 7 30
15 0/1 KLP// 1	2000 DERTAKER ADDRESS ADDRESS A
Filed 1927 Registra	Tostrame / or 1723 / esayotto
If more banks are needed with the hegis	trar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to knew (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to e.ch and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scruant, Cook, Housemoid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an Physician, Compositor, Architect, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Locomotive engineer, (b) Grocery;

Strtement of Cause of Death—Name, first, the DISEAR E CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. E-amples: Cerebrospinal fe.er (the only definite synonym is "Epidemia cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid ferer (never report "Typhoid Pneumonia,"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or misearriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," st\_ted unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." earbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (sccondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping eough; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. Examples: A ecidental drowning; Struck by railway train— "Atrophy," "Collapse," "Com2," "Convulsions, Never report mere symptoms or terminal condi-Association.) Chronic Example: Measles (disease etc. The contributory valvular heart disease; not be

If this certificate is looked over thoroughly and all questions answered in details, will preven further correspondence. All the data is securify, and must be obtained before the certificate is permanently died.

#### GINK—THIS IS A PERMANENT RECOR. AGE should be stated EXACTLY. PHYSICIANS of that it may be properly classified. Exact statement of the back of certificates. BINDING FOR RESERVED

#### HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

TO MADE	REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)
(a) RESIDENCE No All All All All All All All All All Al	
3 SEX 4 COLOR OF RACE 5 Single, Married, Widowed, or Divorced (write the word  The profession or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer).	16 DATE OF DEATH (month, day, and year)  17  HEREBY CERTIFY, That strended deceased from 1930, to 1930, that I last saw bas alive on 30, 1930, and that death occurred, on the date stated above, at 1,000, m. The CAUSE OF DEATH* was as follows:  (duration)  (duration)  (Secondary)
(c) Name of employer  9 BIRTHPLACE (city or town)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (city or town)  (State or country)  12 MAIDEN NAME OF MOTHER (city or town)  13 BIRTHPLACE OF MOTHER (city or town)  (State or country)  14  Informant (Address)	(duration)
	2-FULL NAME SUMMERS (No. 22-FULL NAME SUMMERS (Usual place of abode) Length of residence in city or town where death occurred yrs. mos.  PERSONAL AND STATISTICAL PARTICULARS  3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced (write the word or Divorced (write the word or Divorced) (write the w

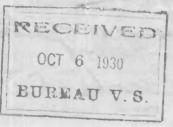
[Approved by U. S. Census and American Public Health Asso.]

receive a definite salary) may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At home. especially industrial employments, it is necessary to know (a) the kind of work and also (b) the (retired, 6 yrs.). For persons who have no occupation whatever, write None. account of the disease causing death, state occuice for wages, as Servant, Cook, Housemaid, etc. occupations of persons engaged in domestic serv-Laborer, Farm Laborer, Laborer—Coal Mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., mobile factory. The material worked on may form ment; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoan additional line is provided for the latter statenature of the business or industry, and therefore Stationary Fireman, etc. e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, healthfulness of various pursuits can be known. occupation is very important, so that the relative business, that fact may be indicated thus: Farmer pation at beginning of illness. If retired from If the occupation has been changed or given up on without word or term on the first line will be sufficient, respective of age. The question applies to each and every person, ir Care should be taken to report specifically the Statement of Occupation.—Precise statement of more precise specifications, For many occupations a single But in many cases, as Day

Statement of Cause of Death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Broncho-pneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name ori-

ease causing death), 29 ds.; Broncho-pneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia," (merely symptomatic), "Atrophy," "Coldent; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and dations on statement of cause of death approved consequences (e.g., sepsis tetanus) may be stated under the head of "Contributory." (Recommendental drowning; Struck by railway train-acci-CDAL HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Acci-MEANS OF INJURY and qualify as ACCIDENTAL, SUItis," etc. as "Puerperal septicemia," "Puerperal peritonidiseases resulting from child birth or miscarriage "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," mia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Constated unless important. ondary or intercurrent) interstitial nephritis, etc. gin "Cancer" is less de Medical Association. by Committee on Nomenclature of the American tion was undertaken. ing cough, chronic valvular heart disease; Chronic mor" for malignant neoplasms); Measles; Whoop-State cause for which surgical opera-undertaken. For violent deaths state rite; avoid use of "Tu-Example: Measles (disaffection need not be The contributory (sec-

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN



Village or City Cacheysocker Md  2FULL NAME Jeaneth. Bo	St.: Ward)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WHOWED.  GR DIVORCED (Write the word)	16 DATE OF DEATH May - /4 , 1935 (Month) (Day) (Year)
(Month) (Day) (Year)  7 AGE  82 yrs. 6 mos. 5 ds. or min.?	that I last saw her alive on May 13 192 , and that death occurred on the date stated nhove, at 4. 2 m.
8 OCCUPATION (a) Trade, profession or Sausifular kind of work (b) General nature of industry business, or establishment in which employed or (employer) in his house  9 SIRTHPLACE (State or country) Mory Cased  10 NAME OF FATHER OF FATHER (State or country) Souther  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE  14 SUBJECT  14 SUBJECT  15 SIRTHPLACE  16 SUBJECT  17 SUBJECT  18 SUBJECT  18 SUBJECT  18 SUBJECT  19 SUBJECT  19 SUBJECT  19 SUBJECT  10 NAME STATE STAT	(Duration) 2 yrs. 2 mos. 14 ds.  Contributory Pulmonory Onderme Secondary  (Duration) yrs. mos. 1.ds.  (Signed) 7 so Market M. D.  May 4.192 (Address) Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfents or Recent Residents)
OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  Filed May 15 1930 B Benna May Registrar	At place of death yrs. mos. ds. In the State yrs. mos. ds. Where was disease contracted, if not at place of death?  Former of usual certification of the moval place of Burial Office of Burial O



(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Paymer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook, definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Solesman. should be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. Housenuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Munager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of household only (not paid Housekeepers who receive a ,, etc., Foremon, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material As examples: (a) (6) Grocery,

Statement of Cause of Death—Name, first, the Disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrogulul fever (the only definite synonym is "Epidemic carebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicuenta," "PUERPERAL pertionitis," etc. tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Toisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc., "Dropsy, tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. use of "Tumor" for malignant neoplasms); Meosles; inges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, Examples: Accidental drowning; Struck by rolling traintaken. FOR VIOLENT DEATHS STATE MEANS OF INJUNY "Uraemia, (secondar: Chronic interstitut nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy" "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; " ". Weakness," etc., when a definite disease or intercurrent) affection need not be ses important. Example: Meusles (disease Chronic and consequences le g., sepsis, valvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is electrical and must be obtained before the certificate is permanently filed.

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD , WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING AIN WRITE

V. S. No. 1

PLACE OF DEATH	06442 STATE OF MARYLAND
County 18 alto.	CERTIFICATE OF DEATH
	Registration Dist. No. 44
Village or City Kingston City St.	2 Y St.: Ward) a hospital or institu-
2FULL NAME Hilliam 1	Sond tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Alute OR DIVORCED OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Oct, 10, 1865	
(Month) (Day) (Year)	that I last saw halive on 192
7 AGE [If LESS than	and that death occurred on the date stated above, at
6 4 yrs. 8 mos. 0 ds. or min.	
(a) Trade, profession or particular kind of work	fistol Shopen head: -
particular kind of work Successing Justines  (b) General nature of industry	Juicida
business, or establishment in	(Duration) yrs. mos ds.
	Contributory
9 BIRTHPLACE (State or country) Balto,	Secondary  (Duration) yts. mos. ds.
10 NAME OF Caleb J. Bond	(Signed) Jacob Wallman Coroner M. D.
UN 11 BIRTHPLACE OF FATHER	192 (Address) Tlemman Russe
C (State or country) Muching and 12 MAIDEN NAME	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER mary Chanes	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER OF MOTHER	ients or Recent Residents)  At place In the of deathyrsmosds, Stateyrsmosds,
(State or Country)	Where was disesse contracted, if not at place of dea.h?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) albert A. Bond	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 723 2. Linwood Car	Oak Lawn June 1.3, 19.30
Filed Jane 12 1930 John G. Connelly Registrat	John G. Connelly Cessex
If more blanks are needed, address State Registrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager, worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an Physician, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enlaborer, whatever, write None. Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day Compositor, (b) Automobile factory. The materia Architect, Locomotive engineer, Grocery ,""(Deal-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic etc. The contributory affection need valvular heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1 F	PLACE OF DEATH		12167	STATE OF MARYLAND CERTIFICATE OF DEATH
Village	Sheersoo ( Joseph	702	, Eye oker	Registration Dist. No.  St.: Ward) (If death occurred a hospitul or Institution, give its NAME istend of street annumber.)
P	ERSONAL AND STATISTICAL PARTICULA	ARS	MEDI	CAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	of	16 DATE OF DEATH	(Month)——(Day)——(Year)
8 DATE	OF BIRTH HOW 2	1897	that I last saw h.A.	3 T92 to Old 2 4 Th, 198
7 AGE	3 %	(Year' LESS than dayhrs.		ured on the date eteted above, at 2.36.9.
(a) 1r	PATION rade, profession or lolerle.	ormin.?	Oes	& Bunchs - Breumon
(b) Go busine	eneral nature of industry ess, or establishment in employed or (employer)			(Duretion) yrs
9 BIRTH	HPLACE ate or country Surrows Com	£	Contributory Secondary	(Duration)
	NAME OF Am HG. BOD.	ken	(Signed)	BU Address 1 2 9 6 Barries
N L	BIRTHPLACE DF FATHER (State or country)	ra	*State the Violent Caus s, Accidental, Suicid	Discase Causing Death, or, in deeths from state (1) Means of injury and (2) whether all or Homicidal.
r 12	MAIDEN NAME OF MOTHER Mannie Barre	T		RESIDENCE (For liospitals, Institutions, Tr
	BIRTHPLACE DF MOTHER (State or country)		At place of deathyrs Where was disease or	ontracted.
	above is true to the Best of My Knowle	DGE 22	if not at place of d Former or usual residence	
IS File	(Address) 702. Gye 10.	iga (m. D	Ashury 20 UNDERTAKER	Place Sun 1400 mos

If more blanks are needed, addross State Registrar, 16 W. Saretoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. tired 6 yrs). state occupation at beginning of illness. If retired from er," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, capation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write Nouc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many tion applies to each and every person, irrespective of report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"), Lobar "pneumonia. Bronchopneumonia ("Pneumonia.")

atic), "Atrophy." "Collapse," "Corna," "Convulsions, "Debility" ("Congenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of . . . . . . . (name origin : "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory" "PUERPERAL seplicaemia," "PUERPERAL perilonitis, "Inanition," "Marasmus,
"Uraemia," "Weakness," etc., when a definite discase tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; causing death), 29 ds.; Bronchopnenmonia (secondary), unqualified, is indefinite); Tubcrculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsus, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as Whooping American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, cough; Chronic etc. valvular heart diseasc; The contributory

If this certificate is 1 olded over thoroughly and all questions and pered in devall, it will prevent further correspondence. A the data is essential and must be obtained before the certificate is permanently filed.

NOV 6

WRITE

No

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See instructions on

s very important.

PAR

12 MAIDEN NAME

MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) (III-a)

Registrar

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

.....Ward)

Registration Dist. No.

(If death occurred in

nklin Bortu	Ward) a hospital or institu- tion, give its NAME is - stead of street and number.)
MEDICAL CERTIFIC	ATE OF DEATH
16 DATE OF DEATH afri	P 10, 1930
Y	h)(Day) (Year)
1 1 4 1 4	at I attended the deceased from
	April 10 , 1930,
and that death occurred on the date	stated above, atm.
The CAUSE OF DEATH * was as folk	ows:
Sastrie Ella	~
	50
(Duration	1)yrs. 2mosds.
ContributorySecondary	
(Signed) Milner Be	-
Ofmil 18 1930 (Address)	
*State the Discase Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.	of Injury and (2) Whether
18 LENGTH OF RESIDENCE (For ients or Recent Residents)	Hospitals, Institutions, Trans-
At place of deathyrsmosds.	In the State yrs mos ds.
Where was disease contracted, if not at place of death?	***************************************
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	april 14, 1930
20 UNDERTAKER	ADDRESS
& markeline & S.	in White Hall.

	PERSON	NAL AND	STATIST	ICAL	PARTICU	LARS
2	Trale	4 COLOR	or race	OR	GLE. RRIED. OWED. DIVORCED te the word)	idoner
6	DATE OF BIR	тн	Peb.	•••••	/6 (Day)	, 1.858 (Year)
7	AGE	72 yrs		mos.	20 ds.	If LESS than I dayhrs. ormin.?
() () () () () () () () () () () () () (	(a) Trade, proparticular kind b) General national nationa	ature of ind atablishment	lustry t in	ling	Com	Tractor
9 1	State or cou	entry)	em	a	_	
	10 NAME O	Ch	arle	Q	Bo	ther
NTS	OF FATH (State or		Pen	no		

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. to know (a) the kind of work and also (b) the For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi . (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic affection need etc. The contributory valvular heart disease; Nomenclature of the not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Z

PLACE OF DEATH	07671 STATE OF MARYLAND
Bulting	CERTIFICATE OF DEATH
County County	(91-6)
1.//	Registration Dist. No.
Village or City (No. ,	St.; Ward) [if death eccurred le
2 FULL NAME John Henry	Baskey give its NAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
- LE CINCLE	16 DATE OF DEATH 0 25
male White MARRIED, WIDOWED OR DIVORCED OR	July 20, 1980 (Monya) (Day) (Year)
	I HEREBY CERTIFY, That I attended deceased from
S DATE OF BIRTH	1927, to July 23 2 , 180,
(Month) (Day) (Year)	that I last saw him alive on July 25 , 1930,
7 AGE If LESS than	and that death occurred on the date stated above, at 1,39, m.
87 yrs. 3 mos. 58 ds. OR min.?	The CAUSE OF DEATH was as follows:
9 OCCUPATION O	Seneral arteriosalerosis
a) Trade, profession, or Det Flances	and Infeative Cystilis
(b) General nature of industry	
business, or establishment in which employed (or employer)	(Oureflon) yrs. mos ds.
9 BIRTHPLACE (State or country)	Secondary Warrhea (Budden)
- Mary Cerre	(Buratlon) yrs mes ds.
10 NAME OF FATHER	(Signod) Caril E. Frontla M.O.
11 BIRTHPLACE	July 25 1950 (Address) Lipperson my
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEADL, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
12 MAIDEN NAME OF MOTHER NA X 1/1 / 1	Suicidal or Homicidal.
a Marcan Bosley	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER	At place in the of deeth yrs. mss. ds. State, yrs. mss. ds.
(State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
01.11+ 3 0	If not at place of death?
(Informant) Wave 13,524	yeual residence
(Address) uppeads ned	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	- Sleveaux Live July 71, 1030
FRED 7-26 , 1930 to to to towth M. W	20 UNDERTAKER ADDRESS
A TOUR REGISTRAR	They your saughter

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housemill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton write None. business, that fact may be indicated thus: Farmer (retired taken to report specifically the occupations of persons the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," ctc., of the second statement. mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of Occupation-Precise statement of occupa-Coal mine, etc. Women at home, who are engaged in Compositor, Architect, very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Never return "Laborer," without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"); Lobar indefinite); Tuberculosis of lungs, menin-

mus, on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull surgical operation was undertaken. For violent deaths head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" to determine definitely. Examples: Accidental drowning. "PUERPERAL perilonitis," etc. birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthonia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, ctc. The contributory (secondary or intercurcough; Chranic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritanneum, etc., Carcinoma, Sarcoma, etc., of . . . . . . . . . (name origin; "Cancer" is less definite; avoid use of " "Old Age," "Shock," "Uraemia," "Weakness," by railway train-accident; Revolver wound State cause for which Never report mere "Exhaustion,"

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	CORI	- D & K

PLACE OF DEATH

12168

(31)

#### STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No.
Village or City Chestruckes (No	St.: Ward) (If deeth occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fluil Whee Single, Married Widowed.  Will Write the word)	16 DATE OF DEATH OU 21, 1923
6 DATE OF BIRTH  Oct 21, 1884  (Month) (Day) (Yest)	17 I HEREBY CERTIFY, That I attended the deceased from 1930 to 1920 (1920)  thet I last sew h la alive on Oll 20 1923
FIGURE (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)	and that death occurred on the date stated above, at 10.300 m. The CAUSE OF DEATH * was as follows:
OF FATHER WASIFICAL  11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  GETTING  14 GETTING  15 BIRTHPLACE OF MOTHER (State or Country)  16 GETTING  17 GETTING  18 BIRTHPLACE OF MOTHER (State or Country)	(Signed)
(Informant) Cliner Kahline Serry  (Address) Gerryo Mices Hel  Filed Oct 23, 19230 17 March 28  Registrar	Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  ADDRESS  Sparly, red  1, 16 W. Seratoga St., Baito., Requesting V. S. No. 1.

V. S. No. 1

WRITE

CIANS should state CAUS statement of OCCUPATION

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. Foreman, or For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The (b) material Grocery,

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS to time and causation), using always the same accept-Typhoid fever (never report "Typhoid Pneumonia"); (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> temnus) may be stated under the head of "contributory. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The nature of theinjury, Examples: Accidental drowning; Struck by railway traindiseases resulting from childbirth or miscarriage as (secondary or intercurrent) Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic Example: Measles (disease affection need etc. valvular heart Nomenclature of the The contributory not be disease;

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and a'l questions

permanently filed.

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S. No. 1

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N.

PHYSI-

PLACE OF DEATH	08950 STATE OF MARYLAND
County Oul County	© CERTIFICATE OF DEATH
Sombar May MA	Registration Dist. No. 3
Village or City (No. 4 7120)	St: Ward) (If death occurred i
2FULL NAME Still born &	pulis 3/2 month stead of street an stead of street an street and s
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mah Plats OF DIVONGE (WITE the word)	16 DATE OF DEATH WANDER , 192
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
My 10 1830	, 192 to, 192
(Month) (Day) (Year)	that I last saw halive on, 192
Stell harmos. ds. or min.?	The CAUSE OF DEATH * was as follows
a occupation (a) Trade, profession or particular kind of work	Carose montas
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) tyrs, lines de
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF John 2 Boolsey	(Signed) (Signed) (Signed) (M. D. Cashandari M. D.
OF FATHER (State or country)	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER MOYSEN. 7. Johnso	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place In the State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Mongrat 2 Johnson	Former or usual residence
(Address) Backagullarms	Commatination Removal Date of BURIAL Commating of Roma and 10, 1980
15 Filed aug 10 1980 B & Bon Mel	20 UN DERTAKER STOPES Shorts and Shorts and
If more bianks are needed, address State Registral	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesmon. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH en at home, who are engaged in the duties of the laborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealsary to know Civil engineer, Stationary firemon, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, Or For many occupations a single word or term on especially in industrial employments, it is necesyrs). Form laborer, At Home, and children, not gainfully emwithout more precise specification as Day For persons (b) Automobile factory. The material (a) the kind of work and also (b) the Loborerwho have no occupation -Coal minc, etc. . (b) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphilheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of occident; Revolver wound of head-homicide; Poisoned by "E-haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, American Medical Association.) approved telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Examples: Accidental drowning; Struck by railway train-(secondar/ or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; "Atrophy." "Collapse," "Coma," "Convulsions, perilonoeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS State MEANS OF INJULY interstitial nephritis, 'name origin; "Cancer" is less definite; avoid by Committee on Nomenclature Chronic valvulor heart disease, Example: Measles (disease etc. The "etc.), "Dropsy,"
"Haemorrhage," contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

	act a	PLACE OF DEATH
	EX	County Ballinne
	d .p	
	LY siffe	Will a Howardulle 12
RD	assa.e.	Village or City (No.
2	rly cla	2FULL NAME genze M. Bola
<u>'</u>	stated proper of certi	PERSONAL AND STATISTICAL PARTICULARS
Z	of of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, / / /-
ANE	ay be	Wildoweb. Without OR DIVORCED (Write the word)
A PERMANENT	should It may	6 DATE OF BIRTH
4	ACE s that tions	Getsber (Month) 23 (Day) 1848 (Year)
S		7 AGE 8 [If LESS than
S	s so	l dayhrs.
王	supplied n terms See instr	yrs, mos. ds. or min.?
J	sup n te See	(a) Trade, profession or helical
Z		(b) General nature of industry
9	carefully FH in plal portant.	business, or establishment in which employed or (employer)
UNFADING INKTHIS IS	be car EATH impor	9 BIRTHPLACE (State or country) Baltimore
N	DO Y	10 NAME OF SEATHER SEATHER
7	shoul E OF is ve	PAIRER JOIN M. 1000
WITH	(0 =	OF FATHER  (State or country)  12 MAIDEN NAME
-	information state CAUS	of Mother Eller Zane.
IN.	state CCUF	13 BIRTHPLACE Baltimore
	400	(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Щ	- 0	1 1 1 1
WRITE	item s sho	(Informant) ) hus Mabelly Bester.
≥	Every item CIANS sho statement	(Address) Howalully . hol
		15 Filed July 1 19230 866 Tuchal
1		If more blanks are needed, address State Registration
		an arrest manners and another and a series a

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

. Bota	St.: Ward)  BOTELER  St.: Ward)  A hospital or institution, give its NAME instead of street and number.
LARS	MEDICAL CERTIFICATE OF DEATH
Llowed	16 DATE OF DEATH (Month) (Day) (Year)
1940	I HEREBY CERTIFY, That I attended the deceased from
48(Year)	that I last saw handlive on the 29, 193 a.,
If LESS than I day hrs. or min.?	and that death occurred on the date stated above, atm.  The CAUSE OF DEATH * was as follows:
-P	Carring Delin
	(Doration) 2 yrs 6 mos ds.
	Contributory Secondary
~*	(Signed) Palme F. Chilliam M. D. Jule 1 1920 (Address) Pelles M. L.
*	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	At place of deathyrsmosds. In the State 30 _yrsmosds.
EDGE	Where was disease contracted, if not at place of death?
her.	Former or usual residence.
_l	Show Medge les July 3, 1930
Chal	JOSEPHO COOK 1003. N. Bult Su
tate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (0) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, whatever, write None. business, that fact may be indicated thus; Furner (re-Housemoid, etc. If the occupation has been changed laborer, worked on may form part of the second statement. etc., without more precise specification as Doy first line will be sufficient, e.g., Farmer or Planler Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Form laborer, (b) Catton mill; (a) For persons who have no occupation (b) Automobile factory. The material Loborer-Coal minc, etc. Wom-Architect, Locomotive Salesman. (b) The quesengineer, Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

cas fracture of skull, and consequences (e.g., sepsis, stated unless important. Example: Measles (disease (secondary) use of "Tumor" for malignant neoplasms); Measles, approved by Committee on (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., whon a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify ali American Medical Association.) ... (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Never report mere symptoms or terminal condi interstitial nephritis, cough; or 'intercurrent) affection need not be Chronic valvular heart disease, etc. Nomenclature of the The Sorcoma, contributory

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PLACE OF DEATH  County Balto Co	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 44
Village or City Cossville (No	Hope Well and St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and sumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH    Month   Q   1980
6 DATE OF BIRTH  (Month) (Day) (Year)	hov, 1930, to 20, 1930, that I last saw hum, alive on 20, 20, 1980.
7 AGE    If LESS than   dayhrs.   dayhrs.	and that death occurred on the date stated above, at
OCCUPATION (a) Trade, profession or particular kind of work.	Car Curoma Pawled gland
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary (Duration) 2. yrs. mos. de.
10 NAME OF Edw. Bouldin	(Signed) Calvin B. Fe Compto M. D. Nov. 22 1930 (Address) 111.3 11 Cawline St.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homleidal,
12 MAIDEN NAME OF MOTHER UM KNOWN	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death ) 7. yrs
(Informant) Mrs. In ary aut Boulder	if not at place of death?  Former or usual residence. Balto aty
(Address) Hope Well ave.	Cestry levely 700, 23, 19
Filed Mr. 23 1923 & John G. Cornelly Registral	20 UNDERTAKER ADDRESS Mrs. R. C. Click ashfunda
f more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S No. 1.

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persous cnwork, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. business, that fact may be indicated thus: Farmer (re-(a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary firemen, etc. But in many whatever, write None. tired 6 yrs.). For persons who have no occupation Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day The ques-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Dropsy," "Exhaustion," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report merc symptoms or terminal stated unless important. Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menhead of "contributory." quences (e. g., sepsis, tctanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease rhage," "Innuition." "Mardsmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drozening; Struck by railway taken. For VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was under-"Puerperal scpticaemia," "Puerperal peritonitis," etc. can be ascertained as the cause. vulsions," "Debility" ("Congenital," "Senile," etc.), (secondary or intercurrent) affection need Whooping cough; Chronic valvular heart disease; ..... (name origiu; "Cancer" is less definite; avoid (Recommendatious on state-Example: Measles (disease Always qualify all The contributory (secondnot be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDI	PERMA	Ehould
FOR	IS A	ACE so tha
MARGIN RESERVED FOR BINDI	CAINE, WITH UNFADING INKTHIS IS A PERMA	information should be carefully supplied. ACE should state CAUSE OF DEATH in plain terms so that it may
1	AIN, WITH	nformation she
	i	. 73

WRITE

PLACE OF DEATH	13536 STATE OF MARYLAND
County Dueturon	CERTIFICATE OF DEATH
at the same of the	188-0
Village or City Jurugs Mulls (No.	Registration Dist. No.
Village or City (No.	St.: Ward) (If death occurred In a hospital or institu-
2FULL NAME Florence M Box	tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WILLIAM	16 DATE OF DEATH
of WIDOWED. OR DIVORCED	November 21, 1930
Junale (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the decemed from
May 5 1880	Muguel to 19200. to 1000 21, 1920
(Menth) (Day) (Year)	that I last saw h ralive on Nov 21 , 1923,
7 AGE [If LESS than	and that death occurred on the date stated above, at 1930 Pm.
1 dayhrs.	The CAUSE OF DEATH * was as follows:
20 yrs. 6 mos. 6 ds. or min.?	
(a) Trade, profession or particular kind of work	Thelley 1/1 cght wys: knocked
	down by an automobile curso?
business, or establishment in	(Duration) - vs. 3 mos 19 ds.
which employed or (employer)	CP - 01
9 BIRTHPLACE	Contributory Secondary
(State or country) Mirylund	(Duration)nosnosds.
TO NAME OF FATHER	(Signed) 6. 6. Nichols M. D.
Flering Name	Nov 212 1930 (Address) Pollewille My
OF FATHER	
OF FATHER (State or country)  Many and  12 MAIDEN NAME	*State the l'iscase Causing Death, et, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sarrell Kelp	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place in the
(State or country) Many and	of deathyrsds. Stateyrsds.  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) John L Bowen	Former or usual residence
(Address) Ourney Mulls My	Thomas lumely Mar 25, 1986.
Filed Mrs 24 19234 / Tustales Registrar	1 & Elins Reistustour MC
If more banks are needed, address State Registrate	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthgaged in domestic service for wages, as Servont, Cook definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (o) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stotionary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemoid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a yrs . Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesmon. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia single word or term on (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE (\*1081NC DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonio, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonilis," clc. "Ezhaustion," "Heart tautur,
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved Recommendations on statement of cause of death telanus may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by roilwoy trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condiby Committee on Example: Measles (disease valvular heart etc. The contributory Nomenclature " "Convulsions, disease;

approved by Committee on Nomenclature of the American Medical Association.)

If this crifficate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is desceptial and must be obtained before the certificate is permanently fied.

WRITE

ż

V. S. No. 1

PLACE OF DEATH	13533 STATE OF MARYLAND CERTIFICATE OF DEATH
County Ball	March Registration Dist. No. 3-3
2FULL NAME MAN GARET GRACE	St.: Ward)  St.: Ward)  a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)
(Month) (Day) (Yest)	July 19230 to From Z 4 , 19230, that I last saw har alive on From Z 4 , 19230
7 AGE	and that death occurred on the date stated above, at 6 m. The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or Haml unfix particular kind of work	Cause of St. Lang
(b) General nature of indústry business, or establishment in which employed or (employer)	(Durstion) yrs. 6 mos. ds.
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary  (Durstion)
10 NAME OF GEORGE W, Bower	(Signed) OTNISLOJ)  NOV 25 1924 (Address) Resolver
OF FATHER Z (State or country) Maryland	*State the Disesse Csusing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  MANNIMAN  (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensients or Recent Residents)  At place In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not et plece of desth?  Former or usual residence.
(Address) Owar go Miles MG	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PLANSANT Hell Cemelry Mar 26 21930.
Filed nov 25 19230 Strullade) Registrar	1. F. Clivic Rusterslaum MI
If more bianks are naedad, addrais State Registrar	, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from tired 6 yrs). definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged.in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement Housemaid, etc. If the occupation has been changed ," etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia (b) Grocery,

Statement of Cause of Death—Name, first, the DISERASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid stated unless important. Example: Measles (disease "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephrilis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need Whooping approved telanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of death FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on cough; Chronic valvular heart Nomenclature not be of the

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If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting

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cupation is very important, so that the relative health Spinner, should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Solesman. (b) Gracery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocen at home, laborer, Never return 'Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. Physician, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Serumt, Cook, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Housewhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed ," etc., without more precise specification as Doy borer, Farm laborer, Laborer—Coal mine, etc. Wom-Foreman, For many occupations a single word or term on Compositor, Architect, who are engaged in the duties of the For persons who have no occupation (b) Automobile factory. The material Locomotive engineer,

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"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meastes; inges, peritonaeum, etc., causing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS state MEANS OFINJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., whon a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronis interstitial nephritis, Whooming American Medical Association.) approved by Committee on accident; Revolver unund of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, ..... (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic Carcinoma, etc. The contributory valvular heart disease; Nomenclature Sarcomo,, etc., of

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	1 0 CA/1?
PLACE OF DEATH	STATE OF MARYLAND
County Ball v	CERTIFICATE OF DEATH
	Registration Dist. No. 3 /
Village or Citywoudlaury (No	St.: Ward) (If death occurred is a hospital or institution, give its NAME is
2FULL NAME SEO P Brace	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Wille (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	1000
// yrs. 9 mos. 6 ds. or min	s. The CAUSE OF DEATH * wes es follows:
B OCCUPATION (a) Trade, profession or Bok owl buy	Tondo-carditis Quation 3 weeks. following Deall for
(b) General nature of industry business, or establishment in which employed or (employer)	Labor preumonia Duration) yrs. mos 2 ds
BIRTHPLACE (State or country)	Contributory Sparlet Jenes Secondery To Act was May 15/30
TO NAME OF PATHER PARALLE PRODUCTION	(Signed) Watter 8 . What M. D
II BIRTHPLACE	June 29/30.192 (Address) 2220 Garrison 2
Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mabel Stochsdale	18 LENGTH OF RESIDENCE (For Hospitais, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs mos, ds. In the State yrs ds
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Mabel Brady	Former or usuel residence
(Address) Wordlawn Md	Holy Famely County July 2, 19 84
15 Filed 6/30 1980 4/7 8/15 Registrar	20 UNDERTAKER RUSHELSPELL MO
If more bianks are needed, address State Registr	ar, 16 W. Saratoga St., Beito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic etc. The contributory affection need not be valvular heart disease; Nomenclature of the

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Dinhlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia")

American Medical Association.) approved by Committee on Nomenclature "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E:haustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., o telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "E:haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death "Uraemia," "Weakness," etc., when a definite disease as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answering in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No. 1 0

County / Dalleum	02595 STATE OF MARYLAND CERTIFICATE OF DEATH
OF ile Sl	Registration Dist. No. 30
2FULL NAME Rabert G.	Brandh (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE.  MARRIED, Rugle OR DIVORCED (Write the word)	16 DATE OF DEATH Warch 28, 1930  (Month) (Day) (Year)
Cugust 10, 1860 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from July 191/ to March 28, 1920, that I last saw have alive on warch 28, 19230
7 AGE    If LESS than   I day hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work  Taurer	ac heeliteter 7 / Near
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Alex Muse and Contributory
10 NAME OF FATHER Serwan Blandt -	(Signed) (Signed) (Address) Calually Wed
OF FATHER (State or country)  Germany	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
WI 12 MAIDEN NAME	
of MOTHER Curalin Frontman	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER Cundless Troutman  13 BIRTHPLACE OF MOTHER (State or Country)  Glemany	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place 7 yrs
OF MOTHER Curaling Troutman  13 BIRTHPLACE OF MOTHER (State or Country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place 7 yrs. 7 mos. 1 de. State yrs
OF MOTHER Chinalian Troutman  13 BIRTHPLACE OF MOTHER (State or Country)  Service OF MOTHER	Is LENGTH OF RESIDENCE (For liospitals, Institutions, Transients or Recent Residents)  At place 7 yrs

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, additional line is provided for the latter statement; it whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Servant, Cook, definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the the first line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on yrs). For persons who have no occupation (b) Cotton mill; (a) Salesman. (b) (b) Automobile factory. The material The ques-Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE-CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilieria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronehopneumonia ("Pneumonia,"

> "Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." atic), "Atrophy," "Collapse," "Coma, "Debility" ("Congenital," "Senile," stated unless important. Example: Measles (disease approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septieaemia," "PUERPERAL peritonitis," etc. diseases "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Ilaemorrhage," ("Inanition," "Marasmus," "Old Age," "Shook," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Never report mere symptoms or terminal condiresulting from childbirth or miscarriage nephritis, Chronic etc. The contributory valvular heart ," "Convulsions, disease;

If this certificate ie looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	Fxact
CORD	d EXACTLY, Privily classified.
A PERMANENT	E chould be stated at it may be properly on back of cer
S IS A	d. ACs the
WRITE IN WITH UNFADING INKTHIS IS A PERMANENT CORD	-Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
WRITE	Every item of CIANS should statement of O

V. S. No. 1

N. B.

PLACE OF DEATH	02596 STATE OF MARYLAND CERTIFICATE OF DEATH
County Pallinsion	Registration Dist. No.
Village or City Glyndon (No.	
	St.: Ward)  (If death occurred in a hospital or institution, give its NAME isstead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED. Midow OR DIVORCED (Write the word)	16 DATE OF DEATH    March = 4 , 1930   (Year)   (Year)
6 DATE OF BIRTH (LET. = 16 = 1852.	17 J. HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw har alive on Trash 5 1923,
7 AGE	and that death occurred on the date stated above, at
7 7 yrs. 10 mos. 1 ds. or min.	The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or particular kind of work  A home	Francisco of It. Hip a due to a
(b) General nature of industry business, or establishment in	to a bureau in her bled your yes. 6 mos de.
9 BIRTHPLACE (State or country) Transfand.	Contributory Secondary (Durstion) yrs mos de,
10 NAME OF FATHER OF 1919	(Signed) 27 m. Slade M. D.
11 BIRTHPLACE	Inch 5 193 P (Address) Resolves tomo
OF FATHER  (State or country)  Stagland,	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mary Dean	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Mrs Lenora Belt	usual residence.
M. (Sadress) Peistustown, med	noviduce esseting Mar 6 19
Filed Mule 5 19230 Drusladz Registras	20 UNDERTAKER Malls Hinfield ma
If more branks are needed, address State Registral	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Salesman, 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) Chronic interstitial nephrilis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic affection need not be etc. The contributory valvular heart disease;

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#### STATE OF MARYLAND

andallaton

Count Allumates	(2) CERTIFICATE OF DEATH
D . 41-	Registration Dist. No.
illage or Carlellolowito.	St.: Ward) (If death occurred in
C. + . m	a hospital or institu- tion, give its NAME in-
2 FULL NAME alherune 2005	Braches stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED	16 DATE OF DEATH
WIDOWEGE OR DIVORCED	Jan 30, 193°0
(Write the word)	(Month) (Day) (Year)
DATE OF BIRTH	Jan 30 1930 to Jan 3 U 1931
Jour 30 1930	
(Month) (Day) (Year)	that I last saw halive on
AGE If LESS than	
I dayhrs.	The CAUSE OF DEATH * was as follows:
occupation mosds. ormin.?	
(a) Trade, profession or particular kind of work	Julyou
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs ds. ds.
	Contributory
BIRTHPLACE (State or country)	Secondary
1 10 NAME OF	Durkhan) hos de.
FATHER Fraces R. The Soit	(Signed) M. D.
11 BIRTHPLACE	This die 192 (Address) Reedal Al Trace
OF FATHER (State or country)	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) whether
12 MAIDEN NAME A CO	Accidental, Suicidal or Homicidal.
OF MOTHER RANK ON BECASALARS	16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
18 BIRTHPLACE OF MOTHER	At place In the
(State or country Nacy Course	of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
To a little	Former or usual residence
(Informant) Carry Many are	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Paudallalana	Home Comba 1/30, 1030
201	20 HADEBTAKED

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

-7. S. No. 1

25

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emshould be used only when needed. As examples: (a) business, that fact may be indicated thus; Farmer (reor given up on account of the DICEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons ener," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health. Statement of Occupation-Precise statement of ocwhatever, write None. ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Foreman, For many occupations a single word or term on (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Lamples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory" accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilanaeum, etc., Carcinoma, Sarcoma,, etc., of . . . . . . . (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent Deaths state means of injury diseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopneumonia (secondary) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train Whooping "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic valvular heart disease; etc. The contributory Always qualify all

If this certificate is looked over thoroughly and all questions answered in derail, it will prevent further correspondence. A lithe data is essential and most of obtained before the certificate is contained before the certificate in the certificate is the certificate in the certificate in the certificate is a contained before the certificate in the certificate in the certificate is a contained before the certificate in the cert

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD WRITE LAINE, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING

V. S. No. 1

1

PLACE OF DEATH	06444 STATE OF MARYLAND
County Milleurs	CERTIFICATE OF DEATH
0	Registration Dist. No.
Village or City faculally livey (No	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Junel Calry Single, MARRIED, Junel	16 DATE OF DEATH June 4 7 , 19830  (Month) (Day) (Year)
Month (Day) (Year)	17 I HEREBY CERTIFY, That Jattended the decembed from  1920 to June 1920  that I last any her alive on June 2 , 1920
JAGE 35 yrs. 5 mos. 10 ds. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)	Chronic My readity and Nephrity  (Duration) 2 yrs. mos. ds.  Contributory Secondary
10 NAME OF Sewell Fairfay	(Signed) 6 6 M Chold M. D. Sure 4 1923 O (Address) Prelivouse his
OF FATHER (State or country)	*State the Discase Causing Death, et, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Mary Baruhars  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence
(Address) Racedallstony Wes	Streng Centry pare of Burial of Street 6, 30
Filed Off 1920 Dr & Checked Registras	Summer Johnson Balls hid
If more banks are needed, addre a State Registrat	, 16 W. Saratoga St., Balto., Requesting V. S. Ac. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, busines, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemon, etc. But in many or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons enployed as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Deal-Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. borer, Form laborer, Laborer—Coal mine, etc. Wom-Foremon, For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of death American Medical Association.) tetanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy troinor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meosles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as ChronicExample: Measles (disease etc. valvular heart The contributory " "Convulsions, not be disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

B.--Every item of information should be carefully supplied ACE should be stated EXACTLY, P. SI-CIA IS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD A PERMANENT BINDING MARGIN RESERVED FOR WITH UNFADING INK---THIS IS WRITE PL

S. No. 1

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CE Z MANGAGERA	CTATE OF MARYLAND
PLACE OF DEATH County & allinese	CERTIFICATE OF DEATH
County	Registration Dist. No. 42
Village or City leurs Source (No. Re	dye are St.: Ward) (If death occurred in a hospital or institu-
FULL NAME Ella 6. Br	tion, give Its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED (Write the word)	16 DATE OF DEATH Musel 25, 1980  (Month)—(Day)—(Year)—
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw hor alive on Musel 15, 1980.
7 AGE [If LESS than	and that death occured on the date stated above, at
5 4 yrs. 11 mos. 26 ds. or min.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	Chronio Malvules
(a) Trade, profession or particular kind of work	Gerard Deserve
(b) General nature of industry business, or establishment in	(Duration) had year 3 mos 15 de
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary (Duration) yrsmosds.
10 NAME OF //	(Signed & Commence ) Illew M. D.
Joenry Elering M.	rel 25 / 1923 O (Address 708 Hallers Juy Ref
OF FATHER (State or country)	*State the Disease Causing Death, or, In deaths from Violent Caus.s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of Mother amelia Wade	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of death yrs mos ds. In the State yrs ds.
(State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Pul Batne	Former or usual residence
(Informant) (Address Day Chester Ayllis	19 PLACE OF BURIAL OR REMOVAR DATE OF BURIAL
15 Filed Meh 27 1930 less mke ffer	20 UNDERTAKER ADDRESS 15 3 L
-	r, 16 W. Saratoga St., Balto., Requasting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Ferm laborer, Laborer Coal mine, etc Spinner, (b) Cotton mill; (a) Salesman. (b) Groccy; (a) Poronum, (b) Automobile f ctory. The material should be used only when needed. As examples: a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation - Precise statement of ocdofinite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an tion applies to each and every person, irrespective of tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at begin ing cfillness. If retired from or given up on account of the DISEA E CAUSING DEATH. guged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Lanager," "Deal-Civil engineer, Physician, Compositor, whatever, write None. report specifically the occupations of persons en-For many occupations a or At Home, and children, not gainfully emespecially in industrial employments, it is neceswithout more precie specification as Doy Stationary freman, etc. But in many For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Carebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL schlicaenia," "TUERPERAL perilonitis, "(Inanition," "Marasmus," "Old Age," "Shock," "Iraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Heanorrhage," "Old Age." "Shock") stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., Corcinoma, Sorconu., 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, menletrnus) may be stated under the head of "contributory." taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdisea es resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) approved by Committee on Nomenclature as fracture of skull, and eonsequences (e. g., sepsis, curbalic ocid - probably su cide. The nature of the injury, accident; Revolver wou d of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, Whooping American Medical Association.) (Recommendations on statement of cause of Examples: Accidental dro ching; Struck by railway train ..... (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse." "Coma," "Convulsions, interstitial nephritis, cough; Chronic etc. affection need not be valvulor heart disease; The contributory etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A. Ithe data is essential and must be obtained before the certificate is permanently filed.

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5	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	3 SEX) 4 COLOR OR RACE MARRIED, WHOWELD OR DIVORCED (Write the word)  DATE OF BIRTH  (Day)  (Day)  (Vetar)	(Month) (I  If Mereby Cartify, That I attended that I last saw both alive on and that death occurred on the date stated about the CAUSE OF DEATH * was as follows:  (Signed) (Duration) (Duration) (Signed) (Address) (A	de deceased from 193 (Year)
	Registra:	r. 16 W. Saratova St., Balto, Requesting V. S. No.	esstman st
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(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise relationer, Edborer, Laborer, Laborer,—Coal minc, etc. Women at home, who are engaged in the duties of the Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (o) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, g: ged in domestic service for wages, as Servont, Cook, to report specifically the occupations of persons enployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Stationory firemon, etc. Physician, Compositor, Architect, whatever, write None. Housemaid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on · yrs). (b) Cotton mill; (o) Salcsman. For persons who have no occupation person, irrespective of Locomotive engineer, But in many (b) Grocery;

EACT COUNTING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature "PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (Recommendations on statement of cause of death telunus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Paisoned by and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway troinor as probably such, if impossible to determine definitely. "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY resulting from childbirth or miscarriage as cough; Chronic valvular heart diseose; etc. The contributory affection need

If this certificate is Iooked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	13534 STATE OF MARYLAND
County Hallimore	CERTIFICATE OF DEATH
/ R 10 0	Registration Dist. No. 44
Village or City Ulosedale (No. Jun 2FULL NAME John Brockmeye	Mard) (If death occurred la hospital or institution, give Its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIED, Jingle WIDOWED.  (Write the word)	18 DATE OF DEATH November 17/h, 1980  (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw halive on
7 AGE III LESS than	
2/3 yrs. 4 mos. 24 ds. or min.?	and that death occurred on the date stated above, atm.  The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Jaron Laborer	Strangulation due to exilorsie
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yre,moede,
9 BIRTHPLACE (State or country) Ballimore, City Md.	Contributory Secondary  (Durstion)  yrs
10 NAME OF FATHER Andrew H. Brockmeyer  11 BIRTHPLACE	(Signed) Jacob Hallman Cotoner M. D.  11 17 130.192 (Address) Hammers Run
OF FATHER (State or country) Maryland 12 MAIDEN NAME	*State the Discase Causing Death, or, in deaths from Vlolent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Garbara Menninger 13 BIRTHPLACE	B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country) Maryland	At place of deathyrsmosda. In the Stateyrsmosds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) andrew H. Brockmerer	Former or usual residence
(Address) Surmid ave Rosedole	Holy Reference Cerrily Mar 20, 1920
Filed nov. 17 1931 John G. Commelly Registrary	20 UNDERTAKER Stoney Holy Sous Suc 18016 Egypt
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a For many occupations a single word or term on know (a) the kind of work and also (b) the Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

spinal meningitis"); Diphtheria (avoid use of "Croup"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis-

> stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephrilis, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic etc. The contributory valvular heart disease; not be

permanently filed. If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

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V. S. No. 1

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	WRITE	N. BEvery Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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PLACE OF DEATH  County Reltimore	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Fullerton (No. Belair  2FULL NAME JOHN F. BROCKMEYER	-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIEO. Widewed WIDOWED. OR DIVORCED (Write the word)	March 3rd , 192 30 (Month) (Day) (Year)
August 18th , 1 852 (Month) (Day) (Year)	that Mast saw hom alive on Much 3 = , 1934
77 yrs. 6 mos. 15ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  Maryland  10 NAME OF FATHER Frank Brockmeyer  11 BIRTHPLACE OF FATHER (State or country) Germany  12 Maiden NAME OF MOTHER Unknown  13 BIRTHPLACE OF MOTHER (State or Country) Unknown	(Durstion) yrs mos ds.  Contributory Sprondary  (Durstion) yrs mos ds.  (Situed) M. D.  *State the Disease Causing Death, or, In deaths frem Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," ('Inanition," "Marasmus," "Old Age," "Shock," (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid taken. For violent deaths state means of injuly diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. 10 ds. Never report mere symptoms or terminal condi use of "Tumor" for malignant neoplasms); Measles; approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; etc. The Nomenclature of the contributory

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S. No. 1

N. B.

County Ball	02599 STATE OF MARYLAND CERTIFICATE OF DEATH
1 1 1	Registration Dist, No.
Village or City Productive	St.: Ward)  (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 2 2 , 1980 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Yonth) (Day) (Year)	that last saw heighlive on Suas 7, 1986.
7 AGE    If LESS than   I day hrs.   or min.?	and that death occurred on the date stated above, at
9 OCCUPATION (a) Trade, profession or Brother S.	Intertinal Curernoug
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. 9 mos. ds.
9 BIRTHPLACE (State or country) Manchester, N. H.	Contributory Secondary Quration) yrs mos. ds.
10 NAME OF FATHER Not buown	(Signed) Havy & Shipey M. D.
OF FATHER  (State or country)  Not Income	*State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Not bruston	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Vot buown-	At place of death yrs mos, ds. In the State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
Wheeler &	Former or usual residence
(Address) Woodstoch, Maryland	Probleck Colley may 4, 193.
15 Filed may 2 30 N.7 Shiph	Et. B Harly Bulto Su
If more banks are needed, address Liate Kegistran	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. tircd 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed g ged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealr," etc., For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farmi laborer, Laborerwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia")

> accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL péritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition, " "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. The nature of the injury, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) Whooping Examples: Accidental drowning; Struck by railway train taken. For violent deaths state means of injuly American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease;

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V. S. No. 1

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CTLY, PHYSI- ssifled. Exact	N. BEvery Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	N. BEvery Item of information should be CIANS should state CAUSE CF DE statement of OCCUPATION is very I
	WITH UNFADING INKTHIS IS A PERMANENT	WRITE FAIN WITH UNF.

PLACE OF DEATH  County Balling  Mand	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. According to the control of the co
2FULL NAME (No.	Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX  4 COLOR OR RACE  5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH 26, 19230.  (Morth) (Day) (Year)
6 DATE OF SIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Myhth) (Day) (Year)	192 to
7 AGE   If LESS than   I day hrs.   or min.?	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession or barticular kind of work	I mere abortion
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsnosds.
9 BIRTHPLACE (State or country) Balls Co	Contributory Secondary  (Duration)  yre
10 NAME OF Elgan Brooks	(Signed) M. D. 193d (Address) War hart has
of Father (State or country) Balts Med	*State. the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Rhoda MBullick	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfents or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Ballo MI	At place of deathyrsmosds. In the Stateyrsmosds.  Where was disease contracted,
A THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?  Former or usual residence
(Informant) Leede Relay 10	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 File Jely 7 1923 He sulling	20 UNDERTAKER SELENTS ADDRESS
Te to be an analytic address the top Registrate	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

If more blanks are needed, addre.s Ltate Registrar, 16 W.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemoid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 The ques-Grocery,

Strtement of Cause of Death—Name, first, the pister to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphial fever (the only definite synonym is "Epidemic cerebrosphial meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary) inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The niture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senilc," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi cough; Committee on Nomenclature of the Chronic valvular heart disease; nephrilis, etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. Another data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

"	
PLACE OF DEATH County Balta.	07673 STATE OF MARYLAND
County o acces	CERTIFICATE OF DEATH
	Registration Dist. No. 44
Village or City Cossex (No. Ma	Ward)  (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Shute Single, MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH July 25, 1920  (Month) (Day) (Year)
6 DATE OF BIRTH  March 15, 1857  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1947. to 1950, 1980, that I last saw h elive on July 25, 1980,
7 AGE  1 If LESS than I day hrs.  7 3 yrs. 4 mos. 10 ds. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work  (b) General nature of industry busineas, or establishment in which employed or (employer)	(Duration) 2 yrs. mos. ds.
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary  (Durstion) yrs., mos. ds.
10 NAME OF John Currings	(Signed) James Allatz M. D.
II BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  (State or country)	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Jane Conknown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Maryland	At place of deathyrsmosds, Stateyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF THE KNOWLEDGE	Where was disease contrected, if not et plece of dee.h?
(Informant) John L. Beroks	Former or usual residence DATE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) bluf Torreb line. Essy	Inf. Carmel Ceny July 27, 1930
Filed My 26 1923 John Connelly Registrat	John S. Connelly Cessy
If more bienks are needed, addre.s State/Registrar	, 16 W. Seratoga St., Belto., Requesting Y. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation definite salary), may be entered as Housewife, Houseer," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injury State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse, Never report mere symptoms or terminal condi-ChronicExample: Measles (disease ," "Coma," "Convulsions, etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ward) (If death occurred in a hospital or institution, give its NAME instend of street and number.) MEDICAL CERTIFICATE OF DEATH CERTIFY, That I attended the deceased from and that death occured on the date stated above, at ... O. The CAUSE OF DEATH \* was as follows: Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-In the If more blanks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from should be used only when needed. As examples: co fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook con at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or indistry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, et. But in many the first line will be sufficient, e.g.. Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return 'Laborer,'" (Foreman," 'Manager," 'Deal-Physician, Compositor. whatever, write None. Foreman, or At Home, and children, For many occupations a single word or term on without more precise specification as Day 6 (a) the kind of work and also (b) the Automobile factory. The material Archiect, Locomotive engineer, not gainfully em-(6) Grocery;

Statement of Cause of Death—Name, first, the discasse Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same discase. Examples: Crebraspinal fever (the only definite synonym is "Epidemic derebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia Bronchopneumonia ("Pneumonia").

"('Exhaustion,') "('Heart Inliure, ')" "('Inanition,') "('Marasmus,') "('Old Age,') "(Shock,')" "('Uraemia,') "(Weakness,') etc., when a definite disease as fracture of skull, and consequences (e.g., selsis, tetanus) may be stated under the head of "contributory". "PUERPERAL septicaemia," "PUERPERAL peritoritis, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. approved by Committee on Nomenclature of the earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine deficitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train diseases (secondary or intercurrent) affection Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of .... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as cough; Chronic Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory valvular heart disease; need not

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MARGIN RESERVED FOR BINDING	WRITE AIN'Y, WITH UNFADING INKTHIS IS A PERMANENT ECORD	sry item of information should be carefully supplied. ACE should be stated EXACTLY, FHYSI- ANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact tement of OCCUPATION is very important. See instructions or hack of causings as
		5 d +

1123 STATE OF MARYLAND PLACE OF DEATH County Malto CERTIFICATE OF DEATH Registration Dist. No. 4 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED, Luc 16 DATE OF DEATH WIDOWED. OR DIVORCED (Write the word) (Month) (Day) 1 HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Day) (Year) 7 AGE Ilf LESS than and that death occurred on the date stated above, at ..... I day hrs. The CAUSE OF DEATH \* was as follows: B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in ...(Duration) ... which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF \*Stata the Diseaso Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER ENT (State or country) 12 MAIDEN NAME IN LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At plane OF MOTHER of death yrs ...... ds. (State or Country) Where was disesse contracted, it not at place of des h?..... 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Former or (Informant) Sev WR Brooks usual residence EV.

Registra,

If more b.anks are needed, addre.s tate hegistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(If death occurred in a hospital or institution, give Its NAME I stead of street and

ATE OF BURIAL

number.)

(Approved by U. S. Census and American Fublic Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diahhheria (avoid use of "Croup"); s. inal meningitis"); Diahhheria (avoid use of "Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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PLACE OF DEATH	06445 STATE OF MARYLAND
County Galtimore (72)	CERTIFICATE OF DEATH
10 0:	Registration Dist. No.
Village or City Shining Punt (No. 6	St.: Ward)  (If death occurred is a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	
V	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, MUNICLE WIDOWED, OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH  Comput 10 7, 1880  (Year)	that I last saw h 1 alive on 1980
7 AGE    If LESS that   I day   hrs   day   or   min.	The CAUSE OF DEATH * was as follows:
a) Trade, profession or particular kind of work Luburer	foconolur alapire.
(b) General nature of industry business, or establishment in	(b) <b>7</b>
which employed or (employer)	Contributory Quality
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF FATHER MIRALLE	(Signed) Through & The Market M. I.
0 11 BIRTHPLACE Q	1920 (Address)
Z (State or country) Durigue	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Liets Brooks	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs toos d
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mis John Brooks	Former or usual residence
(Address) 6/2 Il Spring Punt	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL . (19
15 Filed time 19 19230 G. Hallming (M)	20 UNDERTAKER ADDRESS  No To have son 1400 mosho

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health tired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the worked on may form part of the second statement. Mever return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE GAUSING DEATH. ployed, as At school, or At home. Carc should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a whatever, write None. report specifically the occupations of persons en-Foreman, (b) For many occupations a single word or term on or At Home, and children, especially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day larm laborer, Laborer—Coal mine, etc. Wom-Cotton mill; (a) Automobile factory. The material Salesman, not gainfully em-(b) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilieria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease stated unless important. telanus) may be stated under the head of "contributory. as fracture of skull, and consequences (e. g., schens, carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles inges, perilonaeum, etc., Carcinoma, Sarcoma, unqualified, is indefinite); Tuberculosis of lungs, menapproved by American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train ..... (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Committee on Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature etc., of

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V. 39

PLACE OF DEATH	12169 STATE OF MARYLAND
County Callers	CERTIFICATE OF DEATH
1/014-/	Registration Dist. No.
Village or City Wolf (No. (No. )	St; Ward)  [If death occurred to a hospital or institution, give its HAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX. 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH LOCK (Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	, 191 , te, , 191 , te
(Month) (Day) , 19 3 (Year)	that I last saw h alive on , 191 ,
7 AGE	and that death occurred on the date stated above, at ,
34 yrs ds. OR ds.	The CAUSE OF DEATH & was as follows:
8 OCCUPATION (a) Trade, profession, or	Carlos Alexander
particular kind of work	Caret del + site de humaline
(b) General nature of industry	from Lang
business, or establishment in which employed (or employer)	(Burstlen) yrs. mes. ds.
9 BIRTHPLACE (State or countys) Wash ( .	Secondary Secondary
10 NAME OF Codeward Trees	(Signed) Richard Estaplishing P. Comments
11 BIRTHPLACE OF FATHER (State or country) Who known	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental,
of Mother Tannie Brooks	SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)  Moh Rusum	OR RECENT RESIDENTS) At placs to the of death yrs, mos. ds. State, yrs, mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if net at place of death?
(Informant) anna Brookes	Former or usual residence
(Address) 603 Fla ave	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  191
15 FINOCT /5,19130 Ser 800 Keef	20 UNDERTAKER LUNG 614 42 SW
REGISTRAN	Caston Sw. Mark O.
ii more manks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

state occupation at beginning of illness. If retired from employed, as At school or At home. Care should be write Nonc. business, that fact may be indicated thus: Farmer (relired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestie service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mill; (a) Salesman, (b) (rocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question mobile factory. business or industry, and therefore an additional line For many occupations a single word or term on the Coal mine, etc. Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-Compositor, Architect, For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in Never return "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiral fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar freumonia, Bronchopneumonia of tungs, menin-unqualified, is indefinite); Tuberculosis of tungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.) and consequences (e. g., scpsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull suicidal, or nomicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning. state MEANS OF INJURY and qualify as ACCIDENTAL, head-homicide; Poisoned by carbolic acid-probably Struck by railway train—accident; Revolver wound surgical operation was undertaken. For violent deaths birth or miscarriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Urucmia," "Weakness," "Anaemia" (merely symptomatie), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Mcasles, Whooping Always qualify all diseases resulting from child-The contributory (secondary or intercur-Never report more

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE	OF	DEATH	
County	Bal	t imor	e

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE

(Informant)

OF MOTHER

(State or country)

(Address) East

00

4

0

5

Every Item CIANS shou statement o

(No. East Drive near Linden Age Ward)

Former or usual residence.

If more banks are needed, address State Registrar, 16 W. Saratoga St., Bulton Requesting V. S. No. 1.

(If death occurred in a hospital or institu-tion, give its NAME instend of strest and number.)

deaths from

MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH That I attended the deceased 17 880 (Year) The CAUSE OF DEATH, \* was as follows erecular Februllation Contributory Secondary Discase Causing Death, or, in Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In the 49 yrs 3 At place of death. Where was disease contracted, if not at place of death?..... 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

19 PLACE OF BURIAL OR REMOVAL

Morgan Chapel, Woodbine, Md. Feb. 3/30

Village or City Arbutus Wilbur Brosnan 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MARRIED, Married 3 SEX 4 COLOR OR RACE WIDOWED. Male White OR DIVORCED (Write the word) 6 DATE OF BIRTH October IIf LESS than 7 AGE B OCCUPATION (a) Trade, profession or Pattern maker particular kind of work (b) General nature of industry business, or establishment in Uniform Factory which employed or (employer) 9 BIRTHPLACE (State or country) Maryland 10 NAME OF FATHER John Brosnan 11 BIRTHPLACE ENTS OF FATHER Unknown (State or country)

Unknown

Unknown

Mlizabeth A. Brosnan

Trive nr. Linden Ave

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enplayed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer. Stationary fireman, et. But in many the first line will be sufficient, e. g. . Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-(a) Forenau, (b) Automobile factory. The material worked on may form part of the second statement. Never return 'Laborer,'"'Foreman,""Manager,""Deal-Spinner, (b) Cotton mill; (a) whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. household only (not paid Housekeepers who receive a Physician, Compositor, Architect, etc., For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day If the occupation has been changed Salesman, -Coal mine, etc. Womperson, irrespective of Locomotive engineer, 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUNING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disense. Examples: Cerebroser (the only definite synonym is "Epidemic cerebrospinal meaningities"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar ensumonia Bronchopneumonia ("Pneumonia";

"Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonias," etc. atic), "Atrophy," "Collapse," "Coma," "Convensions, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Heart failure," "Haemorrhage, "Shock 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory as fracture of skull, and consequences (e.g., sepses, carbolic acid - probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whoofring cough; . . . . . (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association. FOR VIOLENT DEATHS State MEANS OF INJURY Committee on Nomenclature of the Chronic " "Coma," "Convulsions, etc. The contributory affection need valvular heart discuse; Mensles ; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. The data is essential and must be obtained before the certificate is permanently filed.

N.

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HYSI-Exact

PLACE OF DEATH	05242 STATE OF MARYLAND
County Baltemote	CERTIFICATE OF DEATH
	(90) Registration Dist, No. 30
Village or City Batorsaille (No. OB	· · · · · · · · · · · · · · · · · · ·
000005	Aling The Color of
2FULL NAME CKARCOS # 185	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
married. Married. Married. Midowed. Married. OR DIVORCED (Write the word)	16 DATE OF DEATH 2007 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That Lattended the deceased from
Op. 10, 1860	Lept no 1920. to May 13, 1930
(Month) (Day) (Year)	that I last saw he alive on May 12, 1930
7 AGE [If LESS than	and that death occurred on the date stated above, at 1150 Am.
66 0 3 day hrs.	The CAUSE OF DEATH * was as follows:
B OCCUPATION TO ds. or min.)	,
(a) Trade, profession or	M
particular kind of work XXIII	Mitral monfiles con
business, or establishment in	(Duration) yrs mos ds,
which employed or (employer)	Contributory ateri) Sclerosia
State or country)	Secondary (Duration) yrs mos ds.
10 NAME OF FATHER O.	(Signed) Clock . E. Carrett M. D.
James Frous	ma 122 0/1 -10 h.
OF FATHER	Many 3192 O (Address) Control of in death from
(State or country)  12 MAIDEN NAME  12 MAIDEN NAME	*Etate the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Susandinchore	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trung- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State of Country)	At place of death Oyrs mos, ds, in the State of yrs. o mos 3 ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted a place of death
D. Der B.	Former or usual residence as they had
(Informant) Potanta Commen	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Carpont Ind	annepolis mad My 16, 1930
Filed May 13 1936 ( 2 Menteld) Registral	20 UNDERTAKER Long Commelhabo
	July and Committee of the
ir more planks are needed, address tate hegistral	, 16 W. Saratoga St., Balto., Lequesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed cr," etc., Without more processor and etc. Wom-laborer, Farm laborer, Laborer—Coul mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmor or Planter, Physician, Compositor, Architect, Locomolive engineer, tion applies to e.ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Automobile factory. The material As examples: (a) Grocery;

Strtement of Cause of Death—Name, first, the DIS-EANE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemiz cerebros, inal memin\_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. ean be ascertained as the cause. Always qualify all "Uracmia, "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train State cause for which surgical operation was under-Whooping cough; American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from ehildbirth or miscarriage as " "Weakness," etc., when a definite disease Chronic Example: Measles (disease etc. The contributory valvular heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently flied.

. W.

	County Waltisman	(NO)	STATE OF MARYLAND CERTIFICATE OF DEATH
			Registration Dist. No. 37
V	FULL NAME Daniel Howar	d Brow	St.: Ward)  (If death occurred in a hospital or institution, give its NAME in stead of atreet and number.)
17	PERSONAL AND STATISTICAL PARTICULARS	MEDIC	CAL CERTIFICATE OF DEATH
3	Male A COLOR OR RACE 5 SINGLE.  MARRIED.  WIDOWED.  OR DIVORCE DRAME.  (Write the word)	16 DATE OF DEATH	Clug 26th, 1930 (Month) (Day) (Year)
6	DATE OF BIRTH  Alay 2/ , 1883  (Monty (Day) (Year)	that I last saw h the	Y CERTIFY, That I strended the deceased from 192 to
7	AGE 45 yrs. 2 mos. 5 ds. or min.?	300	ared on the date stated above, at
1.3	(a) Trade, profession or Alleinan Engine particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  DEBRITHPLACE  DEBRITHPLACE	R	(Duration) yes 2 mos / 5 d
	(State or country) Sallo bo Mo  10 NAME OF FATHER John Brown  11 BIRTHPLACE OF FATHER (State or country)	(Signed) July 192	(Address) Death, or, in deaths from state (1) Means of Injury and (2) whether I or Homicidal.
	12 MAIDEN NAME Robecoa Mayers  13 BIRTHPLACE OF MOTHER (State or country) Bulto bo MA  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		ESIDENCE (For Hospitals, Institutions, Transfersidents)  In the mosds. Stateyrs
	(Informant) Minnie Brown  (Address) Broaklyn felle Mrs.  5 Filed aud 26 132 John A. Drash	19 PLACE OF PURIS	BROCK August 30, 1936

If more b.anks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grovery; (a) Foreman, (b) Automobile factory. The material state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Nervant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Tealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; in nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (rc-Housemaid, etc. If the occupation has been changed whatever, write None. or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Form laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); spinal meningitis"); Diphtheria (avoid Pneumonia"); whar pneumonia. Bronchopneumonia ("Pneumonia,");

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "IIaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), approved by Committee on Nomenclature (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, curbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head -homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (mercly symptom-(secondary Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles, . . . . . (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train "Atrophy." "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-OF intercurrent) Chronic etc. affection need not be valendar heart disease; The contributory Sarcoma, etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A. I the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

Exact	/
CIANS should state CAUSE OF DEATH in plain terms so that it may be properly chastified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	

PHACE OF DEATH	02600 STATE OF MARYLAND
County Baltimore,	CERTIFICATE OF DEATH
	Registration Dist. No. 3 7 3
Village or City EUDOWOOD SANATORIUM, TOWSO	MD. St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street an
2FULL NAME Lucy Maril	(Drown number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single, Married, Widowed OR DIVORCED (Write the word)	16 DATE OF DEATH March 28, 1930  (Month) (Day) (Year)
B DATE OF BIRTH  March 17, 18 99	i HEREBY CERTIFY, That I attended the deceased from October 17 1928 to March 28, 180 that I last saw h & alive on March 181930
(Month) (Day) (Year) (Year) (Tage of the control of	and that death occurred on the date stated above, atThe CAUSE OF DEATH * was as follows:
9 OCCUPATION mos. 11 ds. or min.?	Pulmona, julciculois
(a) Trade, profession or Houseurle	
(b) General nature of industry business, or establishment in which employed or (employer)	Alm (Duration) 3 yrs mos de
9 BIRTHPLACE (State or country) New York	Contributory Secondary  (Deration)yrsmosd
10 NAME OF GROSSE H. Christman	(Signed) M. I. Mary Land.
of FATHER (State or country) Hew York	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Clase M. Delembach	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran
13 BIRTHPLACE OF MOTHER TO LOTE	At place of death wrs
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF NY KNOWLEDGE	Where was disease contracted, if not at place of dea h? Unknown
Hospital Records Personal History	Former or usual residence of on Hill, Mayland -
(Informant) Eudowood Sanatorium, Towson, Md. (Address)	Washington DC. 3/30/3015
15 Filed Mck 28 180 Mm P. Butter of	20 Ingertages 2001
	of W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

er," etc., Wilnow. Laborer, Laborer-Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neceswhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Ilousewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor For many occupations a single word or term on At Home, and children, not gainfully emwithout more precise specification as Day Architect, -Coal minc, etc. Wom-Locomolive engineer, The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Inanition, "Debility" ("Congcnital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, (Recommendations on statement of cause of death as iracture of skull, Examples: Accidental drowning; Struck by railway train-Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJULY Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid or intercurrent) affection need " "Marasmus," "Old Age," "Shock," Chronic and consequences (e. g., sepsis, etc. valvular heart disease; Nomenclature of the " etc.), "Dropsy, The contributory not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FOR BI	IS IS A PE	ed. ACE Ehs so that it
MARGIN RESERVED FOR BI	G INKTH	refully suppli- in plain term rtant. See ins
MARGIN	WRITE LAWY, WITH UNFADING INK-THIS IS A PE	N. BEvery item of information should be carefully supplied. ACE ERCIANS should state CAUSE CF DEATH in plain terms so that it statement of OCCUPATION is very important. See instructions of
	Y, WITH	formation state CAUSE
	VRITE LA	item of inf Is should st ment of OCC
V. 35 NO. 1	^	N. BEvery CIAN State

V. S. No. 1

PLACE OF DEATH 73	13535 STATE OF MARYLAND CERTIFICATE OF DEATH
County 95 aurinotte	Registration Dist. No. 44
Village or City Middle Riverson	St: Ward) (If death occurred in a hospital or institu- tion, give its NAME is stead of a treet and
2FULL NAME Melvin Trown	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colored Single, MARRIED, Infand WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH November 9, 1980  (Month) (Day) (Year)
6 DATE OF BIRTH  August 6, 1930 (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE   If LESS than   I day	
(a) Trade, profession or particular kind of work	Branchogeneumonia
(b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  Ballimore Counts Md	Contributory Secondary  (Duration)  yrs
11 BIRTHPLACE OF FATHER (State or country)  Mary Land	(Signed) Jacob Jallman Caroner M. D.  192 (Address) Hemman Punn  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME of MOTHER Viola Brown  13 BIRTHPLACE OF MOTHER (State or Country) Maryland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deethyrsmosds.
(Informant) Viola Brown	Where wes diseese controcted, if not of place of dee.h?  Former or usuel residence
(Address) Middle River Md	Otimue Jum Movell. 19.36
Filed 2000.11 1980 John G. Cornelly Registras	Edward Bryanoleons St
If more banks are needed, address tate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emwhatever, write None. Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many 6 Grocery;

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> Recommendations on statement of cause of death diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-Whooping cough; Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

r, HYSI.	PLACE OF DEATH County Ballings	12170 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 34
ECORD CESSIFICATE	Village or City Butter (No)  2 FULL NAME Mellie Misson	St.: Ward)  If death occurred in a hospital or institution, give its NAME instead of street and kumber.)
roper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MANEN Id be say be prack of	femol 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  Cotoler 20, 1930.  (Month) (Day) (Year)
PER shou it me	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the decessed from
(0)	March 18 ,896	that I last saw h Malive on Cle 1 20 1980;
IS AC th	(Month) (Day) (Year)	and that death occurred on the date stated above, at 4.50.m.
HIS IS A	7 AGE If LESS than I dayhrs.	The CAUSE OF DEATH & was as follows:
suppl term ee In	Ω E =	Full brief Ferson
INK ily s aln t	(a) Trade, profession or particular kind of work	
VG efuil pla tant	(b) General nature of industry quainess, or establishment in	(Duretion) rs., nos. 27 de.
IFADING be careful ATH in pla important	which employed or (employer)	Contributory Secondary W
U DE	10 NAME OF	(C) D (Quration)
TH hou oF is ve	FATHER Jen naylor	(Signed) Cockersuet (Md
tion s AUSE TION	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.
To ot or other	of MOTHER Elizabeth Arm Curtis	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
All Info	13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos da. State, yrs mos da. Where was disease contracted,
TE non	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	where was disease contracted, if not at place of death?
VRIT item s sho ment	(Informant) Johnson Osvous	19 TLACE OF BURIAL OR REMOVAL   DATE OF BURIAL
very HAN tate	(Address) OSultu Mo	Fella Bund Combo Ole 9230
100	Filed Oct 22 1930 Eugene Falban	26 UNDERTAKER ADDRESS
Z Z	Hed CRegistrar	U C Brooker Sparks My
-	if more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S No. L

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthworked on may form part of the second statement. Never return "Laborer" "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an eases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, c. g., Farmer or Plantor tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesor given up on account of the DISTANE CAUSING DEATH, state occupation at beginning of illness. If retired from gaged in domestic service for wayes, as Scruent. Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) Civil engineer. Stationary farmen, etc. But in many whatever, write None. fired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (ref Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Statement of Occupation-Precise statement of oe-For many occupations a single word or term on 01. 111 without more precise specification Home, and children, not gainfully em--Coal mine. etc. Wom-SE

Statement of Cause of Death—Name, first, the pregase causing of all the primary affection with respect
to time and causation), using always the same accept
ed term for the ame disease. Examples: Co-chrosomula
fever (the only definite synonym is "Epidemic cerebra's
spinal meningitis"); Diphilicria (avoid use of "Croup");
Typhoid fever (never report "Typhoid pneumonia,"
Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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certificate is permanently filed.

-Hone

answered in detall, it will prevent further correspond-

ill the data is essential and must be obtained before

BUREA

1930

Ganen None nelature of the American Medical Association.) head oun ary), 10 ds. Never report mere symptoms or quences (e.g., sepsis, totanus) may be stated under the "Dropsy." "Exhaustion." "Heart symptomatie), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia." "Annemia" nges, perifonseum, etc., inqualified, is indefinite); Tuberculosis of lungs, mentrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "Tuerpeeal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. "Uraemia," "Weakness." etc., when a definite discase rhage." "Inanition." "Marasmus," "Old Age," "Shock," vulsions," eausing death), 29 ds.; Bronchopneumonia stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. use of "Tumor" Poisoned by carbolic acid-probably suicide. The na-Examples: taken. For violent deaths state means of injury Whooping cough; Chronic valvular heart If this certificate is looked over thoroughly and all quesof the injury, as fracture of skull, and conseof cause of death approved by of "contributory." (Recommendations on statecause for which surgical operation was under-.. (name origin; "Caneer" is less definite; avoid "Debility" ("Congenital," "Semile," etc.), Accidental drowning; Struck by railway for malignant neoplasms); Carcinoma, Sarcoma, etc., of Example: Mastes failure," "Haemor-Always qualify all The contributory Committee on disease; Measles; terminal (discase (seeond-(merely etc.

S. No.

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Exact

PLACE OF DEATH	07147 STATE OF MARYLAND CERTIFICATE OF DEATH
County Cacuus	(61-a) Registration Dist. No.
Village or City February (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  5 SINGLE, MARRIED, WIDOWEO, OR DIVORCED (Write the word)	16 DATE OF DEATH 24, 1930 (Month) (Peer)
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw have alive on
7 AGE   If LESS than   I day Phrs.   ds. or min.?	and that death occured on the date stated above, at
10 NAME OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OTHER OTH	(Signed)  (Signe
18 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) (Address)  (Address)  15 Filed Mark  1920 M N Puffer  1940	At place of deeth yre mos de. State yre mos de.  Where was disease contracted, if not at place of deeth?  Former or usual residence.  19 PLACE OF BURIALOR REMOVAL DATE OF BURIAL 22, 1939 20 UNDERTAKER  ADDRESS

If more blenks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enwhatever, write None. Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman. (b) Grocery; without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,";

stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarconu,, etc., of . . . . . . . (name origin; "Cancer" is less definite; avoid "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. causing (secondary or intercurrent) Chronic interstitial nephritis, approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all Whooping (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), resulting from childbirth or miscarriage cough; Chronic valvular heart disease; affection need not be etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH In piain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD AINLY, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE V. S. No. 1

PLACE OF DEATH	03964 STATE OF MARYLAND
County Qattmara	CERTIFICATE OF DEATH
	Registration Dist. No. 4A
Village or City Sharrows Fillowith Do.	0
	a hospital or institu- tion, give its NAME in- stead of street and
2FULL NAME Solut 12 rows	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colored Married, Married, Millower (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH AS BY A 1895	17. I HEREBY CERTIFY, That I attended the decensed from
(Month) (Day) (Year)	entersand new in f the ord , 192 ,
7 AGE	and that death occurred on the date stated above, at /ivo Am.
35 yrs. 7 mos. 7 ds. or min.?	The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession or	
particular kind of work  (b) General nature of industry	
business, or establishment in Sthehem theres, which employed or (employer) It helem theres.	(Duration)yrsnosds.
9 BIRTHPLACE (State or country) South Caralina	Contributory Secondary  (Durstion) / yrs mos de.
10 NAME OF Robert Brown	(Signed) Las MMº Michaelas Comments.
OF FATHER	/*State the Disease Causing Death, or, in deaths from
OF FATHER (State or country)  Outh Curling  12 MAIDEN NAME  OUT  12 MAIDEN NAME  OUT  OUT  OUT  OUT  OUT  OUT  OUT  OU	Wolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Seddie Fraking	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place In the of deathyrsmosds.
(State or Country) Mostly Carrier	Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant)	usual residence
(Address)	1 Lood ward S.C. 4/29/3, 6
15 File Cyr 26 19230 4. H. mice h	29 UNDERTAKER SPORESS Neural & Blown WMontcomers
If more bianks are needed, addre a State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
	(Isaich L. Brain)

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The queswhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed Physician, Compositor, Architect, Locomotive engineer, Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DIS.

EAST CAUSING DEATH (the primary affection with respect
to time and causation), using always the same accept
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Typhoid fever (never report "Typhoid Pneumonia");
Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

nem Boun (aux.)

John move (nejolus)

American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably smicide. The n-ture of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cougn; chronic Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi Chronic valvular heart disease; etc. The contributory

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V. B. No. 2

Z

PLACE OF DEATH County Baltimore	O1361 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Fornau (No. 70  2FULL NAME Roberta Brown	(If death occurred in a hospitul er institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARAIED, WYSOWED, WYSOWED	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from 1980 to 1980, that I last saw how alive on St. 3 , 1980,
7 AGE    If LESS than   dayhrs.     B OCCUPATION   (a) Trade, profession or particular kind of work	and that death occured on the date stated above, at & A n.  The CAUSE OF DEATH * was as follows:  Causery Ceclusion
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Orless felerasis Secondary  (Duration) yrs. max losses  (Duration) Ulphyraun de
10 NAME OF FATHER UNICH COND  11 BIRTHPLACE OF FATHER  Z (State or country) Washington	(Signed) M. D. Death, or, in deaths from Violent Caus. s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER  13 EIRTHPLACE OF MOTHER (State or country)  Unlike	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs described by the Market of State yrs described by t
(Informant) Payelow Frey (Address) 709 York Rouel.  15 Filed File 1980 Mus Butter	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  Lewort Kestlent Jel. 6, 1930  20 UNDERTAKER  ADDRESS  1725,

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b the fulness of various pursuits can he known. The quesstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enwork, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more coul mine, etc laborer, Farm laborer, Laborer—Coul mine, etc (a) Foreman, (b) Automobile factory. The resterial worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Peul-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: 'a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed Physician, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). without more precise specification as Day Compositor, Architect, For persons who have no occupation Salesman, (b) Locomotive engineer, Grocery; Wom-

Stitement of Cause of Death—Name, first, the DISEAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synenym is "Epidemic cerebrospinal meningitis"); Diphilieria (avoid use of "Croup"); Spinal meningitis"); Diphilieria (avoid Pneumonia"); Jobar pneumonia, Bronchopneumonia ("Pneumonia,");

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stited unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." taken. For VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. " Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Huemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptominges, perilonaeum, etc., Carcinoma, Sarconac, etc., of . . . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopnaumonia (secondary) interstitial nephritis, " "Marasmus, " "Old Age, " Chronic valeular etc. affection need Nomenclature The contributory heart discuse; not be

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

90	PLACE OF DEATH	STATE OF MARY
Cou	unty Ballo	CERTIFICATE OF
00	1.	Registration Dist. No
	e or City White Hall (No.	St.: Ward) (If de
operly classes	2 FULL NAME Offina Stans	bruy Brown stend
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA
back of	4 COLOR OR RACE 5 SINGLE, MARRIED, Modern WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH / / (Month) (Day)
E G B DAT	E OF BIRTH	17 I HEREBY CERTIFY, That I attended the
_ o	July 29 1841	13 1920 to June 1
structions	(Month) (Day) (Year)	that I last saw how alive on
O T AGE		
00 00	88 yrs. 10 mos. 18 ds. or min.	
B OCC	UPATION	SV b B
A (a)	Trade, profession or car Avenue	Fell out of Box a see
(b) (b)	General nature of industry	Till out of ted will
- de ille	ness, or establishment in ch employed or (employer)	(Duration) yrs
I O 9 BIRT	THPLACE () 0	Contributory
im im	State or country) Salto Co	(Durstion) yrs
10	NAME OF SATHER	(Signed) Mille Dorling
0 0	BIRTHPLAGE STAR STARLE	- June 1 1930 (Address) White
B S S S S S S S S S S S S S S S S S S S	(State or country) Balto Co	*State the Piscase Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Sulcidal or Homicidal.
A A	OF MOTHER OF THE COMME	18 LENGTH OF RESIDENCE (For Hospitals, Ins.
0 L 13	BIRTHPLACE	At place In the
nata Country	(State or country) IS alto Co	of deathyrsmosds, Stateyrs
14 THE	E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of den.h?
0 0	10-+ 1. 10 10 0	Former or
(1)	Informant) Vallerine / To sould	19 PLACE OF BUMAL OF FEMOVAL   DATE
Statement 1	(Address) While Hall mel	Maco Prophetists
	led June 15 1980 Milies Bortner	MAN CHARLER STOPPANDA
	If more banks are needed, address State Registra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

06446

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 35

tansk	my Brown	(If death occurred in a hospit I or institu- tion, give its NAME is- stend of street and number.)
LARS	MEDICAL CERTIFICATE O	F DEATH
idon	16 DATE OF DEATH	17 , 1930
, 184/ (Year)	(Month)  17 I HEREBY CERTIFY, That I attended to the second secon	
If LESS than I day hrs. or min.?	and that death occurred on the date stated at The CAUSE OF DEATH * was as follows:	thove, atm,
	Tell out of Bed and	Shoulde
	Contributory Secondary	_yrs ds.
e	(Signed)	or, in deaths from try and (2) Whether
flor	Accidental, Sulcidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospite ients or Recent Residents)  At place	
DGE	Where was disease contracted, if not at place of dea.h?	
rid	Former or usual residence	
mel.	19 PLACE OF BURNAL OR FEMOVAL	DATE OF BURIAL
Registrar	on CV Broket SA	Sharks

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it business, that fact may be indicated thus; Former (reguged in domestic service for wages, as Screant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewije, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc. worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever. write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician. the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthor At Home, and children, not gainfully em-For many occupations a single word or term on yrs). without more precise specification as Day ('ompositor, For persons who have no occupation Architect, Salcsman. Locomoliec engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid force never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) tetanus) may be stated under the head of "contributory." carbolic ocid-probably suicide. The nature of the injury; accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. "Exhaustion," "Heart range," "Old Age,"
"Transition," "Marasmus," "Old Age," "Debility" ("Congenital," "Senile," etc., "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse." "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (mcrely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonoeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopmeumonia secondary), (secondary or intercurrent) affection need Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Whooping .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condietc. valvular heart The contributory "Shock," discase; not be

If this certificate is looked over thoroughly and a l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

CORD	ay be stated EXACTLY, PHYSI- ay be properly classified. Exact back of certificate.	Village or City Stemmers Roun  2FULL NAME Susie Bro	St.: Ward)  St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
1		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
DING		Jernal Sloved Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  (Mappel) (Day) (Year)
INI ER	t ma	6 DATE OF BIRTH	17 1 HEREBY CERTIFY, That 1 attended the deceased from
m d	0 T 0	, 1825	, 192, to, 192,
S A	th tio	(Month) (Day) (Year)	that 1 last saw halive on
ED FC	ms so that nstruction	about 10 yrs. moa. ds. or min.?	and that death occurred on the date stated above, at
> L	ter ter	OCCUPATION (a) Trade, profession or	
SER-INK-	ly s ain	particular kind of work	Intermeties of lege
Ш	E G t	(b) General nature of induatry business, or establishment in	(Duration) vrs. mos ds.
GIN RE	ATH in mporta	which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Secondary
MAR	OF DE,	10 NAME OF FATHER Zunkmon	(Signed) Jacob Hallman Coroner M. D.
WITH	AUSE C	OF FATHER  (State or country)	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	AT	12 MAIDEN NAME  OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
AIN	inform state occup	13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents)  At place of deathyrsmosds,
	of o	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea.h?
WRITE	item S sho ment	(Informant) Ske Brown	Former or usual residence
×	Every CIAN stater	(Address) lemmes tun	Texas alms House aug . 5. 19 30
1	BEve	Filed aug 5th 1980 Jlm 5 Commelly Registrat	John G. Connelly Cosex

If more blanks are needed, addres State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

#### REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid Pneumonia") pneumonia, Bronchopneumonia ("Pneumonia,

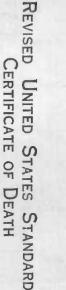
> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ot as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, American Medical Association.) approved by Committee on (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; etc. The contributory affection need Nomenclature of the not be

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all questions

BURES

m ż PLACE OF DEATH

	PLACE OF DEATH	U6000 STATE OF MARYLAND
	County Gallerove	CERTIFICATE OF DEATH
	A + : 1	Registration Dist. No.
	Village or City Calonsville (No.	St.: Ward) (If death occurred in a hospital or institu-
	2FULL NAME Child of Theods	nEV ague Brunn stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
9	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR BYORED OR BYORED (Write the word)	16 DATE OF DEATH 3/30, 193.0
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	(Month) (Day) (Year)	that I last saw halive on, 192,
	7 AGE [If LESS than	and that death occurred on the date stated above, at
	l dayhrs.	The CAUSE OF DEATH * was as follows:
	yrs, mos, ds, or min.?	
	(a) Trade, profession or particular kind of work	4/2ms much Buth
	(b) General nature of industry	1
	business, or establishment in which employed or (employer)	(Duration)yrs,mosds,
	9 BIRTHPLACE (State or country) May Paris	Contributory Secondary  Duration  Duration  To the contributor of the
	10 NAME OF LEVELORE Bruin	(Signed) M. D.
?	11 BIRTHPLACE	
	OF FATHER  (State or country)  12 MAIDENNAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicldal or Homicidal.
	of Mother your Depor	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)  Of Mother (State or Country)	At place In the of death yrs mos. ds. State yrs mes. ds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	THE ABOVE IS THE LOCAL PROPERTY OF THE PARTY	Former or
	(Informant) Heralle Present	19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) alousell My	Tood theb key le Way 30, 19 30
	15 Filed 3/ 19 Al Spelier	20 UNDERTAKER A ADDRESS . NIP
	160 20 a A Registrar	Lossen son selvery 4
	If more branks are needed address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servout, Cook, ployed, as At school, or At home. Care should be taken work, en at home, who are engaged in the duties of the laborer, Physicium, Compositor, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. etc., Foreman, Or For many occupations a single word or term on especially in industrial employments, it is neces-Form laborer, Laborer-Coal mine, etc. (b) Cotton mill; (o) Salesman. (b) At Home, without more precise specification as Day (b) Automobile foctory. The materia and children, Architect, Locomolive not gainfully emengineer, Grocery; Woin-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,");

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "(Exhaustion," "Heart Innure, Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease ...... (name origin; "Cancer" is less definite; avoid approved tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, eorbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitiol nephritis, use of "Tumor" for malignant neoplasms); Meosles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medica (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railwoy traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY "Uraemia," "Weakness," etc., when a definite disease "Atrophy," "Collapse," "Coma," "Convulsions, peritonoeum, etc., Corcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiby cough; Committee on Nomenclature ssociation.) Chronic etc. rolvular heart The contributory disease;

If this oftificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is perhannely filed.

S. No. 1

N. B.

PLACE OF DEATH County allow	02601 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
2 FULL NAME Still form of	Ward)  (If death occurred in a hospitation institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white (Write the word)	16 DATE OF DEATH March 24, 19230 (Month) (Day) (Year)
(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192, that I last saw h alive on 192,
AGE   If LESS than   I day hrs.   mos.   ds.   or   min.?	and that death occurred on the date stated above, atm.  The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or eatablishment in which employed or (employer)	Duration) Description
BIRTHPLACE (State or country)  10 NAME OF	Contributory Secondary  (Dystion) yrs mos ds.
FATHER Dencey C. Gryan  II BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	Signed)  M. D.  Mar 73 19230 (Address)  State the l'iscase Causing Death, or, in deaths from Violent Causes, state (I) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)  Service  Of Mother Country)	ionts or Recent Residents)  At place of deathyrsmos,ds.  Where was disease contracted.
(Informant) Norothy L. Dry an	if not at place of dea.h?
(Address) Jones Cress	Deutto Johno Rokkmo Date OF BURIAL
Filed Mar 25 192 30 41 Att Comick md	My Tanical Laboratory

If more blanks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. to. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Loborer—Coat many laborer, Farm laborer, Housekeepers who receive a fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. g: ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery, man, (b) Automobile factory. The material ('ompositor, For persons who have no occupation Stationary freman, etc. But in many Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrost inal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Enhaustion," "Heart failure," "Hacmorrhage, stated unless important. Example: Meosles (disease use of "Tumor" for malignant neoplasms); telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "E:haustion," "Heart failure," "Hacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature carbolic acid-probably suicide. The nature of theinjury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping cough; ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by roilway traintaken. For VIOLENT DEATHS state MEANS OF INJULY "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Corcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi interstitial nephritis, or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory Measles ;

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

	County Baltimore	0157 STATE OF MARYLAND CERTIFICATE OF DEATH
		Registration Dist. No. 37
	Village or City och Louis all	St.: Ward)  A Bucker  St.: Ward)  A lospital or institution, give its NAME in steed of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE MARRIED, Widowell  Male White Write the word)	16 DATE OF DEATH , 192 , 192 , 192 , 192 , 192 , 193 , 193 , 194 , 195 ,
	(Month) (Day) (Year)	I HEREBY CERTIFY, That i attended the deceased from  [192 . to
	7 AGE  8 / yrs. O mos. 9 ds. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
- Charles and the control of	(a) Trade, profession or particular kind of work (b) General nature of industry	al by truck Vender of Coronis Jon
-	business, or establishment in which employed or (employer)	(Duration)dd
	9 BIRTHPLACE (State or sountry Balternone, Md.	Contributory Secondery  (Durstion)
	10 NAME OF STEHAM H. Bucher	(Signed) Emony W. Benzan J. M. D.
	OF FATHER  (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Charlotte & Harl	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)  England.	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
	(Informant) Miss alice G. Bucher	if not at plece of death?  Former or usual residence
	(Address) Cocheyville, Med.	St. Johns, Warry . Date of Burial gan . 17 . 1930
	Filed Jan 16 1920 BB Registration	Wm, C. Buohs & Son Spails, Md.
	If more beenks are needed, address that Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) cases, especially in industrial employments, it is neces-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on Compositor, Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Chronic valvular heart disease; nephrilis, etc. The contributory contributory

If this certificate is looked over thoroughly and a'l questions abswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Baltinore	03965 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 34
Village or City Upperco (No. 2FULL NAME Thomas It Bu	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white Single, MARRIED, WIDOWED.  OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH  LAST 1839  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 4-7-15-1, 1030, that I last saw h/M alive on 4-/4-1, 1530,
7 AGE  70 yrs. 6 mos. 27 ds. or min.?	and that death occurred on the date stated above, at 8 25 pm.  The CAUSE OF DEATH * was as follows:
a occupation (a) Trade, profession or Patricular kind of work	Cascinoma of stomach
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Deretal 6 mbolism
9 BIRTHPLACE (State or country)  10 NAME OF FATHER	Secondary  (Duration)  yre  M. D.
OF FATHER  (State or country)  Wary lavel	State the Liseaso Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Beluida Miller  13 BIRTHPLACE OF MOTHER  14 OF MOTHER	13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)  At place In the
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of deathyrsds. Stateyrsds.  Where was disease contracted, if not at place of des h?
(Informant) Very Buckey	Former or usual residence
(Address) where me	Is place of Burial or REMOVAL DATE OF BURIAL Afr 18, 1930
Filedapy 17 1920 B. E. Fowth M. W. Registras	Edw a Tipoton Hampstead 2
If more banks are needed, address ttate Kegistrar	, 16 W. Saratoga St., Balto, Requesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more record mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salcsman. nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal menin\_itis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E. haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondar or intercurrent) affection need not be st.ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is loss definite; avoid causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (mcrely symptom-10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, Whooping cough; approved by Committee on Nomenclature of the carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of death FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; nephrilis, etc. The contributory

II this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No. 1

PLACE OF DEATH County Suttimere	13536 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 33
Village or City Tecterstown (No. 2FULL NAME Kachel Bucks	St.: Ward)  (If deeth eccurred is a hospital or institution, give its NAME instead of anumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married WIDOWED, OR DIVORCED (Write the word)  6 DATE OF BIRTH  Actober 23rd, 185/ (Month) (Day) (Year)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the decessed from  1928 to 2005 14 , 1923 6  that I last saw h alive on 14 , 1923 6
7 AGE If LESS than I day hrs. mos. 22 ds. or min.?	and that death occured on the date stated above, et
(a) Trade, profession or Mark Mersunger  particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  Output  (State or country)	(Duration) 2 yrs mos ds.  Contributory Secondary  (Duretion) yrs mos ds.
10 NAME OF State Of Country) Carrolf lev. Mol.	(Signed) 1. 700. Shades) M. D.  7. Or (5 1923 (Address) Carefordown  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Caroline Tarrish  13 BIRTHPLACE OF MOTHER Carrell Res. Mod., (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs
(Informant) Teliner for the BEST OF MY KNOWLEDGE  (Address) Perstustions, Mid	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Hersid Ridge Carretery Nov. 174, 1930.
Filed 7000, 15 1930 / 400 State Registral Registral	20 UNDERTAKER Duryman & Sous Reisterstower, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) state occupation at beginning cfillness. If retired from er," etc., without more present abover, Laborer—Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement, Never return 'Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer. Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. household only (not paid Housekeepers who receive a report specifically the occupations of persons Foremen, (b) Automobile factory. The material For many occupations a single word or term on Grocery;

Statement of Cause of Death—Name, first, the DIEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"(Exhaustion," "Heart lallure, racuments," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, as fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the head of "contributory". accident; Revover wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always quality all atic), "Atrophy." "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condistited unless important. Example: Measles (disease inges, perilonacum, etc., Carcinoma, Sarcoma,, etc., of approved (Recommendations on statement of cause of death carbolic acid - probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury causing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); · · · · · (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (secondary or intercurrent) affection need not be Whooping resulting from childbirth or miscarriage as by Committee on Nomenclature cough; Chronie valvular heart disease; etc. The contributory Measles;

If this certificate is looked over thoroughly and all questions analyered in detail, it will prevent further correspondence. A the data is essent al and must be obtained before the certificate is permanently filed.

DEC 5 193

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist No. (If death occurred in Ward) a hospit I or institution, give its NAME i. - stead of street and PERSONAL AND STATISTICAL MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE OR DIVORCED (Write the word) I HEREBY CERTIFY, That I attended the deceased from (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at .. (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Causing Death, Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 00 4 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate ients or Recent Residents) 13 BIRTHPLACE At place yrs......ds. T Where was disease contracted, luoris if not at place of dea h? statement Former or usual residence PLACE DE BURIAL OR REMOVAL DATE OF BURIAL

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from laborer, should be used only when needed. As examples: (a) cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation - Precise statement of octired 6 1/18). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Housemaid, etc. If the occupation has been changed " etc., without more precise specification as Day Foreman, or At Home, and children, not gainfully em-For many occupations a Farm laborer. Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. (b) (b) Automobile factory. The material single word or term on Grocery.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same discase. Examples: ('erebrospinus fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup") Typhoid fever never report "Typhoid Pneumonia,"; Lobar pneumonia, Branchopneumonia ("Pneumonia,");

telanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus, Outres,"
"Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart lanure, "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be H'hooping use of "Tumor" for malignant neoplasms); Alcastos; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonacum, etc., Carcinomu, Sarcoma, etc., of . (name origin; "Cancer" is less definite; avoid interstitial nephritis, cough; Chronic and consequences (e.g., separs etc. valvular heart disease; The contributory

Withis certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the dath is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	G1362 STATE OF MARYLAND
County Balli faring	CERTIFICATE OF DEATH
	101-0
Village or City Bare-Hills het Hoshigh	Registration Dist. No. 2
Village or City 13 ML 1900 (No	St: 9 Ward) (If death occurred in a hospital or institu-
2 FULL NAME amburn Bull	
2 FULL NAME UMUUM 12 CCC	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE;	16 DATE OF DEATH
MARRIED WINOWED	(Month) (Day) (Year)
male Black (Write the word)	17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	7-M- 71 1936, to de YM 22, 1920.
Jul 20 La 1874	that I last saw h an alive on 7 Mr. 22 1970,
(Month) (Day) (Year)	and that death occurred on the date stated above, at 2.30
7 AGE	The CAUSE OF DEATH & was as follows:
Joyre mos de or min.	
SOCCUPATION	Lot or I mus a
(a) Trade, profession or bandon	
(b) General nature of industry	7 2 1
business, or establishment in which employed or (employer)	(Duration) yrs. f. mos. f. de.
9 BIRTHPLACE (State or country)	Contributory
Le Carpismur La	(Bothton) W valet miles de
10 NAME OF FATHER	(Signed) M.D.
11 BIRTHPLACE	744.23 1920 (Address) Cr. U. O Park. R. ark.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether
12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
18 BIRTHPLACE OF MOTHER	At place in the
(State or country)	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) I amin Bullich	usual residence,
(Address) Roula Ina	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Clarkwille Va 724/ 180
Filed Feb 24 180 Mar P. Butter De	20 UNDERTAKER ADDRESS
Dela Registrar	Has Seo Ho Holland & 650 Dund For
If more blanks are needed, address State Registra	r. 16 W. Saratoga St., Balte., Requesting V. S. No. 1.
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(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servent, Cook, ployed, as At school or At home. Care should be taken definite salary). may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) a: litional line is provided for the latter statement; it neture of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, aspecially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulners of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from laborer, Farm laborer, Laborertired 6 yrz.). For persons who have no occupation business, that fact may be indicated thus: Former (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons en-(a) Foreman, (b) Automobile factory. Whatever, write None. Statement of Occupation-Precise statement of ocetc., For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day -Coal mine, etc. Wom-The material

Ease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal splinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

Nomenclature of the American Medical Association.) diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage." "Inunition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Measles causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); ...... (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinomu, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menand qualify as accidental, suicidal, or homicidal, or "Puerperal septicuemic." "Puerperal peritonitis." head of "contributory." quences (e. g., sepsis, totanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. taken. For violent deaths state means of injuri State cause for which surgical operation was under-"Uraemia," "Weekness." etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsions." (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; ment of cause of death approved by Committee on Poisoned by curbatic acid-probably suicide. "Debility" ("Congenital," "Senile," etc.) (Recommendations on state-Example: Mensles (disease "Ашаетіа" "Соша," Measles; (second-(merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspond ence. All the data is essential and must be obtained before the certificate is permanently filed

stated EXACTLY, properly classified roperly clas PERMAKEN BINDING that ACE FOR supplied. UNFADING INK--THIS MARGIN RESERVED carefully DEATH in pla CAUSE CF D Every item of information sho CIANS should state CAUSE C statement of OCCUPATION is

S. No.1

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instructions on back

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13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE

(Informant)

15

	/	
1	PLACE OF DEATH County Ballemore	
É	County Wallemore	
Vil	Mage or City Ouring hulls (No.	
-	2FULL NAME Paul Bulma	_
to.	PERSONAL AND STATISTICAL PARTICULARS	
	White Single, MARRIED, Wildowed OR DIVORCED (Write the word)	1
6 1	DATE OF BIRTH	
	July 14, 1913 (Day) (Year)	
7 /	17 yrs. 2 mos. 8 ds. or min.?	T
P	DOCCUPATION a) Trade, profession or Surnate sarticular kind of work b) General nature of industry Recurred State susiness, or establishment in	•••
9 1	pusiness, or establishment in Training School which employed or (employer) Training School and Selection of Country (State or country)	001
	(State or country) Baltimore, Ind.  10 NAME OF FATHER Sam Bulmash	(5
NTS	11 BIRTHPLACE OF FATHER (State or country) Russia	1:10
PARE	12 MAIDEN NAME OF MOTHER Rose Bulmash	10

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

ısh	St.: V	tion, giv	h occurred in at or institu- e its NAME it - of street and
MEDICAL	CERTIFICA	TE OF DEAT	Н
16 DATE OF DEATH	Sept	22 (Day)	, 1930
17 I HEREBY CI Sept 13	ERTIFY, That	I attended the	deceased from
that I last saw h	live on Se	6622	, 1920,
and that death occurred The CAUSE OF DEATH			2140 K.m.
Status	Spile	plice	2
	(Duration)	awq a a g a a a <sub>1</sub> a a g a a a a a a a a a a a a a a a a	mos 9ds.
Contributory Secondary			
(Signed) George Sept 22 1930 (	C, wed	ong mi	M. D.
*State the I is a Violent Causes, state Accidental, Suicidal or I	se Causing II (1) Means of Homicidal.	eath, or, in	deaths from (2) Whether
18 LENGTH OF RESID		lospitals, Instit	tutions, Trans-
At place 2 yrs. 10 mos.		0	
Where was disease contracted it not at place of doa.h?		cental	
Former or Ba	etimos		
Hebrew	0	10 1	OF BURIAL
20 UNDERTAKER		ADDRES 93	6

, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. If more b.anks are needed, addre.s Ltate Kegistry

Registral

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., Spinner, nature of the business or industry, and therefore an Civil engineer, tion applies to each and every person, irrespective of tired 6 g ged in domestic service for wages, as Scrvant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation (b) Cotton mill; (a) Salesman, without more precise specification as Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilieria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "(E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," (Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. use of "Tumor" for malignant neoplasms); Mcasles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJULY Whooping cough; approved by American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi or intercurrent) affection need not be Committee on Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature of the

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Z.

PLACE OF DEATH	STATE OF MARYLAND
County/ Saltimore	CERTIFICATE OF DEATH
	Registration Dist. No. 3
Village or City Jourson (No. 205 UL	gbursh St.: Ward) (If death occurred in a hospital or institution, give its NAME is
2FULL NAME Margarel - and 12	stend of street and number.)
PERSONAL AND STATUSTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Junale White Single, Married, Widows OR DIVORCED (Write the word)	16 DATE OF DEATH November 33, 1930  (Month) (Day) (Year)
6 DATE OF BIRTH  aku   1839	17 LHEREBY CERTIFY, That I attended the deceased from 1950. to 23 77, 1959.
(Month) (Day) (Year)	that I last saw h Fraire on Nov 2 3 m 1930
7 AGE  97  yrs. 7 mos. 23 ds. or min.?	
a OCCUPATION (a) Trade, profession or James particular kind of work	Hypostatie Meumonia
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstidn) yrs. mos 2 ds.
9 BIRTHPLACE (State or country) Bulto Co Mdy	Muse Insufficiency, mos
10 NAME OF FATHER Martin's Newman	(Signed) Daniel of flow Jemph. B. (Address) Denson Md
Z (State or country) MM	*State the Liseaso Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Chyabethe Freeze	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) Mrs. Mancy Smock	usual res.dence
(Address) forvsort ms	Chambusting a not 26, 1980
18 Filed / 85 24 1930 How / Begle Nogistra	Tu O Mulchell + Jous. 1400 Enlaw.
If more b.anks are needed, addre.a Ltate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. I.o. 1. Reace

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia. should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g. Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to e.ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "For man," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DISTERSE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise see Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosial meningitis"); Dinhiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,"

Recommendations on statement of cause of death approved by Committee on Nomenclature of the inges, reritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." st.ted unless important. A merican Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar) Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be ss important. Example: *Measles* (disease valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH

#### 0158 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in Ward) a hospital or institution, give its NAME Is -

stead of strest and number.)

MEDICAL CERTIFICATE OF DEATH (Day) I HEREBY CERTIFY, That I attended the deceased from and that death occurred on the date stated above, at The CAUSE OF DEATH \* was as follows: 30 (Address) Ma \*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-In the DATE OF BURIAL

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The questired 6 yrs. state occupation at beginning of illness. If retired from wark, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Jadory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Caok, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons en-;" etc., For many occupations a single word or term on Farm laborer. Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> as fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the head of "contributory". stated unless important. inges, perilanaeum, etc., Carcinoma, Sarcona, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. Fon violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Chronic interstitial nephritis, (secondary or intercurrent) affection need not be "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chranic valvular heart disease; Example: Mcasles (disease etc. The contributory Measles;

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V. S. No. 1

PLACE OF DEATH	06447 STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH
	Registration Dist. No. 40
Village or City Fork, Md (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME / Cenara 14. /3	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  9
6 DATE OF BIRTH  Oug. 14-1866, 1  (Month) (Day) (Year)	that I last saw hospilive on 19830 to 1
7 AGE  [If LESS than   1 day hrs. or min.?]	and that death occurred on the date stated above, at 1.30 P.m.
(a) Trade, profession or particular kind of work  (b) General nature of industry	
business, or establishment in which employed or (employer)	Contributory MANNELS de.
(State or country) Govans, Md.  10 NAME OF FATHER Richard Bushe.	(Signed) (Duration) (Tree Times de (Signed) (William) (Duration) (Tree Times de (Signed) (Tree Times d
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Ellew Walsh.  13 BIRTHPLACE OF MOTHER Maryland.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mary E. Burke	Former or usual resideace
(Address) Hyde, Md.	St. Johns, hongreen, Md. July 3, 1930. 20 UNDERTAKER ADDRESS
Filed July 2 1931 J. H. Gustan Registral	G. E. arthur Fork, md.
If more bianks are needed, address State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). ployed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons endefinite salary), may be entered as Housewife, House-Foreman, especially in industrial employments, it is necesor At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic valvular heart disease; etc. The contributory not be

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

WRITE

80

1PLACE OF DEATH		
1	County Baltimore Co.	
Vil	lage or City Knotton (No. Bellon	
	2 FULL NAME Edwards Brooks	
	PERSONAL AND STATISTICAL PARTICULARS	
Mule White Single, Married, Swifle or Divorced (Write the word)		
6 0	DATE OF BIRTH	
	Month) (Day), 1930 (Month) (Day)	
7 AGE    If LESS than   I day / hrs.   ds.   or min.?		
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)		
9 8	(State or country) Ballo (s. Maryland)	
NTS	10 NAME OF FATHER Henry Stichael Brumham  11 BIRTHPLACE OF FATHER (State or country) Manyland  12 MAIDEN NAME	
PAREN	12 MAIDEN NAME OF MOTHER Mangare / Louise Brooks  13 BIRTHPLACE OF MOTHER (State or Country) // Large and	
(Informant) Henry M. Burnhaman  (Address) Auston		
	(1.00.00)	

Filed Murch 1919280

02602

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-stend of street and Ward) number.)

MEDICAL CERTIFICATE OF DEATH		
16 DATE OF DEATH  (Month) (Day) (Year)		
17 I HEREBY CERTIFY, That I attended the deceased from		
March 17 1930. to March 18, 1930.		
that I last saw h unalive on March 17 , 192 6		
and that death occurred on the date stated above, at 8 P/M m.		
The CAUSE OF DEATH * was as follows:		
Prematine built at 7 months. Weigh		
only 3 lls.		
(Duration)yremos/de.		
Contributory Secondary		
yrsmosds,		
(Signed) / - / Sellman M. D.		
Malch 18 192, 0 (Address) Tows on, U.g.		
*State the listase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)		
At place In the of deathyrsmosds. Stateyrsmosds.		
Where was disease contracted, if not at place of dea h?		
Former or usual residence		
of the buries with, church 1, 1980		
20 UNDERTAKER ADDRESS		
John Kurus Sons Towson.		

If more banks are needed, addre. s tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. i.e. 1.

(Approved by U. S. Census and American Fublic Health Association.)

laborer, tired 6 yrs). For persons who have no occupation should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, tion applies to e.ch and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "For man," "Nanager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); S. Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) st.ted unless important. Example: Measles (disease approved by carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death totanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-(secondar; or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Committee on Chronic etc. The contributory valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained hefore the certificate is permanently filed.

V. S. Mo. 1

Exact

PLACE OF DEATH  County Kallo  Village or Cham Chango Mello.  2FULL NAME Marqueth D. B.	M St.: Ward)  St.: Ward)  St.: Ward)  Ward of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale white Single, Married, Widowed, Wildowed, (Write the word)	16 DATE OF DEATH March 76 , 19230 (Month) (Day) (Year)
6 DATE OF BIRTH  Month)  (Day)  (Year)	THEREBY CERTIFY, That I attended the decembed from March 16 1920 to MCL 26 , 19236.  that I last saw her alive on MCL 25 , 1923.0
yrs. S mos. O ds. or min.?  B OCCUPATION (a) Trade, profession or particular kind of work	and that death occurred on the date stated above, at 3 A m. The CAUSE OF DEATH * was as follows:  Still Menny Still Streptocours
(State or country)  BIRTHPLACE (State or country)  Datter Co  BIRTHPLACE (State or country)  ST  IN DAME OF FATHER  ST  IN BIRTHPLACE OF FATHER (State or country)  ST  IN BIRTHPLACE OF FATHER (State or country)  ST  IN BIRTHPLACE OF MOTHER  ST  ST  ST  ST  ST  ST  ST  ST  ST  S	(Signed) (Signed) (Signed) (Signed) (Address) (Address) (Signed) (Address) (Address) (Signed) (Address) (A
(Address) Mills Md.  Filed M. L. 27, 19230 D. & Luchals	if not at place of dea.h?
Registrar	, 16 W Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Spinner, should be used only when needed. As examples: (o) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil ougineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever write Nonc. borer, Farm loborer. Loborer—Cool mine, etc. Wom-Foreman, For many occupations a yrs). For persons who have no occupation (b) Cotton mill; (a) Salesman. (b) (b) Automobile factory. The material single word or term on Grocery;

Statement of Cause of Death—Name, first, the DISEA. :: ("NUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

stated unless important. "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heamorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptominges, peritonacum, etc., American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sopers, earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; Chronic use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menresulting from childbirth or miscarriage Carcinoma, Sarcoma, etc., of Example: Measles (disease etc. valvular heart The contributory disease; of the

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S.No. 1

N. B.-

PLACE OF DEATH	05243 STATE OF MARYLAND
County Balfin	CERTIFICATE OF DEATH
	Registration Dist. No. 3.7
Village or City (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Toward OUS	atend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mah White the word	16 DATE OF DEATH MAY 27, 1938
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE III LESS than	•
32 yrs. 10 mos. 27ds. or min.?	
particular kind of work  (b) General nature of industry H. T. Complete Less business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  Warylower  14 Description  15 MAIDEN NAME OF MOTHER (State or Country)  16 MAIDEN NAME OF MOTHER (State or Country)  17 MAIDEN NAME OF MOTHER (State or Country)  18 MAIDEN NAME OF MOTHER (State or Country)  19 MARYLOWER (State or Country)	Contributory J.
14 THE ABOVE IS TITLE TO THE BEET OF MY KNOWLEDGE	Former or usual residence.
(Address) Typas Balli. & wol	Wayes Cen, B. 6 may 29, 183
15 Filed May 24 1930 B Registra	Loundentaker Louis Sous Tours well
If more blanks are needed, andre. State Registrat	A6 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). laborer, Farm laborer, Laborer—Coal mine, etc. Womstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner. nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Statement of Occupation-Precise statement of ocreport specifically the occupations of persons ennner. (b) Cotton mill; (a) Salesman, (b) Grocery.
Foreman, (b) Automobile factory. The materia For many occupations a single word or term on Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many Locomolive engineer, The ques-

Strtement of Cause of Death—Name, first, the DISEAS. CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic ccrebrospinal meningitis"; Diphtheria (avoid use of "Croup") Typhoid fever (never report "Typhoid Pneumonia,"), Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septieaemia," "PUERPERAL peritonitis," can be ascertained as the cause. "Inanition," "Marasmus, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "IIaemorrhage, stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., scpsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); (Recommendations on statement of cause of death (secondary or intercurrent) affection need Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid peritonaeum, etc., Carcinoma, Sorcoma, etc., of FOR VIOLENT DEATHS state MEANS OF INJULY Never report mere symptoms or terminal condi interstitial nephritis, resulting from childbirth or miscarriage as cough; Chronic " "Old Age, " "Shock, etc. valvular heart The Always qualify all contributory Measles; not be disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permaneutly filed.

MARGIN RESERVED FOR	WRITE AIN, WITH UNFADING INK-THIS IS A	N. BEvery Item of information should be carefully supplied. AC CIANS should state CAUSE OF DEATH In plain terms so the
M	AIN, WITH L	information shou state CAUSE OF
V. S. No. 1	WRITE	BEvery Item of CIANS should
>	3. 1	ż

N. B.

PLACE OF DEATH	05244 STATE OF MARYLAND
County Dastanne	CERTIFICATE OF DEATH
1 / / / /	Registration Dist. No.
Village or City pervelle (No. #4 Kh	usel Fans
vinage of City (No.	St.: Ward) (If death occurred in n hospital or institution, give its NAME II -
2FULL NAME Elyabel Cal	hum Suschmeller . stead of street and number.)
PERSONAL AND STATUSTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single, Married, Widowed. OR Divorced (Write the word) Married	16 DATE OF DEATH May 2 , 1936 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
may 7 1871	apr 15 1936. to May 2 , 19236
(Month) (Day) (Year)	that I last saw her alive on Mesey 7, 19236,
7 AGE III LESS than	and that death occurred on the date stated above, at 3-15 Pm,
58- yrs. 11 mos. 36ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or	Cerebral Hemanhage &
particular kind of work	Parelyais
(b) General nature of industry	(Durstion) yrs. mos. Z ds.
which employed or (employer)	Contributory arterio scleras
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF	(Duration) yrs mos mos ds,
FATHER Queynt Juddle	(Signed) M. D. Way 2 1923 (Address) Plyseder Wed
0 11 BIRTHPLACE OF FATHER	and the second s
Z (State or country) (services	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or Country)  Grand	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
1(K 1.70.)	Former or usual residence
(Informant) psy dietharth	19 PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL
(Address) 1102 Perstulens Od,	Men alfuda meg 5, 1,30
15 Filed May 4 19230 88 Michaels	20 UNDERTAKER ADDRESS
Registrar	free N. Hurr prince
lf more blanks are needed, addre.s State Registrar	r, fe W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engincer, the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The Stationary fireman, etc. But in many (b) Grocery, material Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by Committee on accident; Revolver wound of head-homicide; Poisoned by American Medical Association.) (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," diseases can be ascertained as the cause. "Inanition," "Marasmus," "Old Age, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary). stated unless important. Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (secondary Whooping ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritanaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi FOR VIOLENT DEATHS STATE MEANS OF INJURY resulting from childbirth or miscarriage as cough; or intercurrent) Chronic Example: Measles (disease affection need not be etc. valvular heart Nomenclature of the The contributory Always qualify all " Shock, disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No.

PLACE OF DEATH	67674 STATE OF MARYLAND
County Belle work	CERTIFICATE OF DEATH
A.	Registration Dist. No.
Village or City Latous velle (No. 1/10)	exe we the trace Ward) a hospital or institu-
72	tion, give its NAME it
2FULL NAME OURS. Wrilda	Griser stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OF RACE 5 SINGLE, MARRIED, PLANSE	16 DATE OF DEATH TO THE 30
Freede Where WIDOWED. OR DIVORCED (Writs the word)	(1927)
6 DATE OF BIRTH	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I settended the deceased from
Oas 171 403	
(Month) (Day) (Year)	that I last saw halive on 192.
7 AGE   If LESS than	and that death occurred on the date stated above, at 3382
H yrs. 9 mos. 3 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	Charles The Market State of the Control of the Cont
(a) Trade, profession or particular kind of work	
(b) General nature of industry	3
which employed or (employer)	(Duration) vrs. mos.
9 BIRTHPLACE (State or country) Maky Land.	Contributory Secondary (Durstien) vrs. mos
10 NAME OF	(Signed) former Eftowell and
FATHER Mer for My Seomean	192 (Address) a tour welle
OF FATHER (State or country)	
Z (State or country) V 2000 A	*State the Piscase Causing Death, or, in deaths from Violent Causes, stats (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER OKN Chaffer / nurlon	13 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country)	of deathyrsds. Stateyrsds. Where was disesse contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of des h?
(Informant) Huss Have Okomas	us al residence
(Address) lieu bar laud	10 PLACE OF BURIAL OR BEMOVAL DATE OF BURIAL
15 7/21 - 11/1	26 UNDERTAKER ADDRESS
Filed 195 Filed Registral	Touble Stork Voo34 Dales
If more b.anks are needed addressed liegistrar	, 18 We Saratoga St., Balto., Lequesting V. S. ivo. 1.
The state of the s	

(Approved by U. S. Census and American Fublic Health Association.)

laborer, state occupation at beginning of illness. If retired from Spinner, (b) Collon mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g.. Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quoseupation is very important, so that the relative healthguged in domestic service for wages, as Scrvant, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the nature of the business or industry, and therefore an sary to know tion applies to each and every person, irrespective ci Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coul minc, etc. Womyrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The materic (a) the kind of work and also (b) the (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disc.sc. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal menin\_itis"); Diphtheria (avoid use of "Croup"); Standard fover (never report "Typhcid Pneumonia"); Lobar pneumonia, Pronchopneumonia ("Pneumonia,")

> State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Ehaustion," "Heart manure, maemonings," "Shock, "Shock," "Ananition," "Marasmus," "Old Age," "Shock, disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage, st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicidc. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephrilis, Whooping ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic etc. The contributory affection need valvular heart not disease;

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WITH UNFADING INK--THIS IS A PERMANENT

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Andrew Co. 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (	PLACE OF DEATH County Callo	STATE OF MARYLAND CERTIFICATE OF DEATH
	/ rules /	74a Registration Dist. No. 37
	2FULL NAME OSCAN BUSIN	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
/	Isale Whate Single, MARRIED, Surge on DIVORCED (Write the word)	16 DATE OF DEATH  (Mouth) (Day) (Year)
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from 1923. to 1924. 192
	(Month) (Day) (Year)	that I last saw h and alive on dele 1926
7	7 AGE    If LESS than   day hrs.   day hrs.	and that death occurred on the date stated above, at L LO In The CAUSE OF DEATH * was as follows:
	(a) Trade, profession or particular kind of work	applify
C	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrstnosd
	9 BIRTHPLACE (State or country) york & Poured'	Contributory Secondary  (Durstion)
	10 NAME OF Rudolph Bush.	(Signed) Barrie M. I
	OF FATHER  (State or country)  12 MAIDEN NAME  (C)  14 BIRTHPLACE  (State or country)  (C)  12 MAIDEN NAME  (C)  (C)  (C)  (C)  (C)  (C)  (C)  (C	*State the Discase Causing Death, or in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Com Elizabeth Morre	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran
	OF MOTHER (State or country)	At place of deathyrsmosds. In the Stateyrsmosd  Where was disease contracted,
1	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?  Former or usual residence
	(Address) (Address)	My grave Genetary Dec 16, 13
	Filed Dec 16 1930 B. B. Berry M.	Hartensleves Money sees My Seul
		r, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Spinner, additional line is provided for the latter statement; it business: that fact may be indicated thus; Farmer (to gaged in domestic service for wages, as Servant, Cook, definite salary, may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs . Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b)

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospitual [1] fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia,")

> approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Pvisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condi-"Heart failure," "Haemorrhage, Chronic valvular heart disease Example: Measles (disease etc. The contributory "Dropsy,"

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V. S. No. 1

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Filed\_

Exact

	PLACE OF DEATH DUNTY Balls	
Vil	ge or City Jestan (No.	)
	2FULL NAME John H 03	
*******	PERSONAL AND STATISTICAL PARTICULARS	
3 5	X 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16
8 [	TE OF BIRTH	17
	(Month) (Day) (Year)	th
7 A		an
	90 yrs. mos. ds. I day hrs. or min.?	Th
(i b	Trade, profession or ticular kind of work  General nature of industry tiness, or establishment in ich employed or (employer)	****
9 E	(State or country) Maryland	
	o Name of Father Marilland	(Si
ARENTS	1 BIRTHPLACE OF FATHER (State or country)  2 MAIDEN NAME OF MOTHER	7
4	3 BIRTHPLACE OF MOTHER (State or Country)  Manyland	At of W
14	(Informant)	For usu
15	(Address)	20

STATE OF MARYLAND

0159

CERTIFICATE OF DEATH Registration Dist. No.

			*******	-	-
th.	_St.:	t	hospital ion, give l tead of	occurred in or institute NAME I street an	u- ı -
		T	umber.)		
MEDICAL	CERTIFIC	CATE OF	DEATH		=
16 DATE OF DEATH	Jan		13	1930	_
***************************************				(Year)	
afme 20				, 193	-
that I hast saw h		///		1926	
and that death occurred			oyo, at	3P_,	n.
The CAUSE OF DEATH	* was as foll	lows:			
arten	o Sc	lerps	ss.		
Charmin	Inte	estet	ial M	lephones	4
	(Duration	n) 2	yro	nosd	s.
Contributory Secondary	***************	*************	*************	*****	-
	2 83	on)	yren	nosd	-
(Signed)	1	Suns		M. I	),
Jan 3 1930	Address)	acter.	Asso	ule!	0
*State the Disca Violent Causes, state Accidental, Suicidal or I	se Causing (1) Means Homicidal.	Death, of Injur	in des	ths from Whether	
B LENGTH OF RESID		Hospitals	, Institut	lons, Tran	5-
At place		In the			
of deathyrsmos.		State	yrs	mosd	s.
Where was disease contracted in not at place of death?	ea,	*******			
Former or					

DATE OF BURIAL

If more branke are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. Nog

Registrar

(Approved by U. S. Census and American Public Health Association.)

laborer, tired 6 yrs). state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-Spinner, sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, For many occupations a single word or term on be used only when needed. As examples: (a) Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation 6 Stationary fireman, etc. But in many Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebroed term for the same disease. Examples: Cerebroed fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury. approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of death and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary). use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(secondary "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart disease etc. The contributory

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HYSI-Exact

PLACE OF DEATH County Pallo	STATE OF MARYLAND CERTIFICATE OF DEATH
1 1 1	Registration Dist, No.
Village or City Cent Moun (No. 2FULL NAME HORENEL. R. By	St.: Ward) (if death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WILDOWED, WIDOWED (Write the word) 6 DATE OF BIRTH	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from 19236. to 19230.
(Month) (Day) (Year)	that I last saw har alive on 1920, 1920,
7 AGE  70 yrs. 10 mos. 7 ds. or min.?  B OCCUPATION (a) Trade, profession or House work at home	The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) 2 yrs, inosds.
9 BIRTHPLACE (State or equity) Batter Co Md  10 NAME OF FATHER Aran M. Wheeler	Secondary  (Duration) yrs mos. de.  (Signed) Ary M. Blade
IN BIRTHPLACE OF FATHER (State or country) Batto co Md  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER MORY - D. Snyder  13 BIRTHPLACE OF MOTHER (State or Country) Battor Com Mad	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrs
(Informant) Flora - M. Deal	if not at place of dea.h?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Hamfastead Mg	A foul Clently Dec 4 3 1930 20 UNDERTAKER ADDRESS
Filed Registrar	F. Edwil Russbalown MILL F. W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

THE P

N. B.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Housestate occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the eupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH, Spinner, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housenwid, etc. If the occupation has been changed guged in domestic service for wages, as Servant, Cookployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. to report specifically the occupations of persons enetc., Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Farm laborer, Luborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salcsman, without more precise specification as Day For persons who have no occupation (b) The ques-Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corphospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. approved by Committee on Nomenclature of the clanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State eause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Mcasles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Whooping cough; Recommendations on statement of cause of Chronic valvular heart disease; nephrilis, etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

1PLACE OF DEATH County & Salfmon	03465 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City In Washington No. 21/50	Registration Dist. No.  Harfulo Rd St.: Ward)  St.: Ward)  Steel Ward of institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. WIDOWED. OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH March 3/, 1:30.  (Month) (Day) (Year)
6 DATE OF BIRTH march 13, 1853	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)  7 AGE  6 yrsmos. /8 ds. ormin.?	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER acol Suselman  11 BIRTHPLACE OF FATHER (Style of country)  12 Country)  13 Country	Contributory Secondary  (Duraign)  (Signed)  *State the Disrase Causing Death, er, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MANDEN NAME OF MOTHER  OF MOTHER OF MOTHER (State or country)  OKANDEN NAME OF MOTHER (State or country)	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transienta or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted,
(Informant) and M. Campbell	if not at place of dea.h?
Filed April / 1920 Dr & Michael 1	Horace F. Burgee 3031 Talls Road
If more blanks are needed, addre.s State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servont, Cook, work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, age. For many occupations a single word or term on fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, man, (b) Automobile foctory. The material without more precise specification as Doy Laborer-Coul mine, etc. Wom-

Statement of Cause of Death—Name, first, the DISEAL : CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

tetanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meusles; inges, perilonaeum, etc., Corcinoma, Sarcoma, etc., oi ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death Whooping Never report mere symptoms or terminal condicough; Chronic etc. valvulor heart The contributory disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE

V. S. No. 1

PLACE OF DEATH	05245 STATE OF MARYLAND
County Jalumu	CERTIFICATE OF DEATH
Phonin RFD	Registration Dist. No. 37
2FULL NAME Desetty Margar	St.: Ward)  A hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH May 25, 19280 (Morth) (Day) (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h alive on
7 AGE  wrs. mos. 28ds. If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work	Nemaline Buth
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsds.
9 BIRTHPLACE (State or country)	Contributory Secondary  (Ducation) vis. mos. ds.
10 NAME OF ROLLY Countielle	(Signed)
OF FATHER (State or country)	State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER CINTA Inchany	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Role Cumpbell	Former or usual residence
(Address) Philippe 198	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL May 27, 1930
Filed May 24 198 D B R Benn 198 B. Rygistrar	20 UNGERTAKER Brooks Brooks Me
If more hanks are needed, address State Registrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emer," etc., without more precise specification as  $\Gamma ay$  laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the business, that fact may be indicated thus; Farmer (veor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Screant, Cook, nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, especially in industrial employments, it is neces-For many occupations a yrs). For persons who have no occupation (b) Cotton mill; (a) Salesman. (b) (b) Automobile factory. The material single word or term on Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia,".

telanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Careinoma, Sareoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory

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X		Fxact
V.S. No. 1 MARGIN RESERVED FOR BINDING	WRITE F IN WITH UNFADING INKTHIS IS A PERMANENT I CORD	N. BEvery Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH	02664 STATE OF MARYLAND
County 12 altimore	CERTIFICATE OF DEATH
	Registration Dist. No. 4
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20/10 P 1
Village or City und alk (No. 6/3/	Ward) a hospitul or institu-
2FULL NAME Robert Camps	fell tion, give its NAME In- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH March, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH  Selt 17 . 1871	17 Jef 200 1930 to Warch 15th, 1930.
(Month) (Day) (Year)	that I last saw home alive on weret 1= 1920,
7 AGE   If LESS than	and that death occurred on the date stated above, at
58 5 1/ 1 day hrs.	The CAUSE OF DEATH * was as follows:
mos. // ds. or min.?	
(a) Trade, profession or	Acute Westerik's
particular kind of work	acure repuis
business, or establishment in which employed or (employer)	(Durstion) yıs. mos. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF	(Durstion)ds,
FATHER James (ampfell	(Signed) M. D.
0 11 BIRTHPLACE OF FATHER	March 3 1930 (Address) 4700 Earless Clase
Z (State or country) Gersel	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Gratilaa / yee	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the of deathyrsmosds. Stateyrsmosds.
(State or Country) Meland.	Where was disesse contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Internal Jelma M. Campbell	Former or usual residence
(Address) 6759 Trappe Rd	Dan ann March 5, 1930
Filed 3/3/30192 MMearmore Registrar	20 UNDERTAKER ADDRESS 49 ht St
	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
at more plants are needed, address brate Registra	A THE MAN AND A STATE OF THE PARTY OF THE PA

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er," etc., without muck control mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery: (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as cough; Committee on Chronic etc. valvular heart Nomenclature of the The contributory disease; not be

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11	PLACE OF DEATH	14214 STATE OF MARYLAND
	Count allers with	CERTIFICATE OF DEATH
		(95)
	$\lambda \lambda \lambda$	Registration Dist. No.
	Village of City & Lewer (No.	St.: Ward) (If death occurred in a hospital or institu-
	6/ 0/0	tion, give its NAME in- stead of street and
	2FULL NAMES ACUTES . Ca	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR BACE SINGLE.	16 DATE OF DEATH 71 2.6
	Male While Schower !!	101: 27, 1900
	Write the word NUCL	(Month) (Day) (Year)
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	XILDY. 15 1848	7 1929 to Nov 79 ,1950.
	(Month) (Day) (Year)	that I last saw him alive on Hov 29 th 1920,
	7 AGE // IIf LESS than	and that death occurred on the date stated above, at
	03 5 11 day hrs.	The CAUSE OF DEATH * was as follows:
	yrs. mos. / ds. or min.?	
	D OCCUPATION O	
1	(a) Trade, profession or Suuldy	Chromis valvelers heart orpers
	(b) General nature of industry	Christian Parket
1	business, or establishment in	(Duration)
4	which employed or (employer)	Contributory Decompers ateus delatin
2	9 BIRTHPLACE (State or country)	Secondary
	May laced.	(Duration) yrsmosds,
	10 NAME OF FATHER	(Signed) M. D.
	Milliona	Nov30 1020 (Address) Relay - red.
	U 11 BIRTHPLACE OF FATHER	
	C (State (r ountly) (Closure)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	C 12 MAIDEN NAME	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	a OF MOTHER LEGICIE	ients or Recent Residents)
	13 BIRTHPLACE	At place 3 o Trs. mos. ds. In the 8 7 yrs. mos. ds.
	(State or Country (Country)	Of death &
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	1/ Ku 16. 6	Former or residence
	(Informant) A May mong Chill	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	150/100	11 L 100 1 3
	(Address)/ Lly My	Washing m N. Q Mill. D. 1930
	15 Deel 134 H. mkieller	20 UNDERTAKER
	Refistrar	Caslow Dous Olliced Un
	If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, tired 6 yrs). gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement whatever, write Nonc. business, that fact may be indicated thus; Former (metric 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH Housenaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on ç especially in industrial employments, it is neces-Farm laborer, man, (b) Automobile factory. The material At Home, and children, not gainfully emwithout more precise specification as Day Laborer--Coal minc, etc. Wom-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accept to the ed term for the same disease. Examples: \*Cerebrospinal fever\* (the only definite synonym is \*Epidemic cerebrospinal meningitis\*); \*Diphtheria\* (avoid use of \*Croup\*)\* Typhoid fever\* (never report "Typhoid Pneumonia" \*Lobar pneumonia, Bronchopneumonia\* ("Pneumonia, Control of the control of th

or as probably such, if impossible to determine definitely. American Medical Association.) approved by Committee on Nomenclature of the "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicidc; Poisoned by "Inanition, (secondary or intercurrent) affection need not be Whooping (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Atrophy," "Collapse," "Coma," "Convulsions, interstitial nephritis, (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as cough; " "Marasmus," "Old Age, Chronic valvular heart disease etc. The contributory " Shock,"

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

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V. S. No. 1

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טע	RMANENT	be stated
DNIDN	RMA	ouid

II 1	To Road hote
PLACE OF DEATH	STATE OF MARYLAND
County=Balto = CO =	CERTIFICATE OF DEATH
(Stonleigh)	Registration Dist. No. 38
Village or City = OW Son = (No.	) = Oxford 15000 Ward) (If death occurred in a hospital or institution, give its NAME is
2FULL NAME = USU = Chab = 5 = 1	Canedy = tion, give its NAME in- stend of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Married  Married  Married  Mischered  (With the month)	16 DATE OF DEATH Secules // , 1980
6 DATE OF BIRTH	(Month) (Day) (Year)   17   I HEREBY CERTIFY, That I attended the deceased from
= Yum 1 = 4 = 1847= ,	brc, 6, 1980. to AEC. //, 1980,
(Month) (Day) (Year)	that I last saw hand alive on Acc. 10 1980
7 AGE    If LESS than   day hrs. or min.?	and thet death occurred on the date stated above, at
8 OCCUPATION A +	Careful Personal and Am
(a) Trade, profession or RUTING	
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country) = 1 (1) mmt. =	Secondary  Description
10 NAME OF DAA!	(Duration) Tros. ds.
FATHER =   Lug = Canldy =	12-11- 1930 (Address) 33 roll. Doute and
OF FATHER (State or country) = Virmont =	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER SOLDAN = COMP	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or Country) =	of deathyrsmosds, Stateyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted Crebest assistant scanned here
(Informant) = Chas = M = Canedy =	Former or usual residence
(Address) 1110 = Orland = Rd	Woodlaum = Com= N. 4= Dec 13 1930
Filed Dec /2 190 / Fur Poutters	ADDRESS TOWN POO ENTOW - Par
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a without more precise specification as Day For persons who have no occupation single word or term on 6 Grocery;

Statement of Cause of Death—Name, first, the primary affection with respect, to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

pas fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the head of "contributory." Recommendations on statement of cause of death approved by Committee on diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify ali tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosist of lungs, men-inges, peritonaeum, etc., Varcinoma, Sarcoma, etc., of "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; nephrilis, etc. The contributory Nomenclature of the

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

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Need = Semoss Sundaper 1-9.30

N. B.-Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact CORD , WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE

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PLACE OF DEATH County	10125 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Back River (No.	Registration Dist, No
2FULL NAME John Joseff	bastrell, tion, give its NAME II - stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Married Married Married Married Married Married Midowed Model White the word	16 DATE OF DEATH 1936 (Month) (Day) (Year)
6 DATE OF BIRTH  Solution (Month) (Day) (Year)	that I last saw here alive on Alfred 184 1936
7 AGE 16 LESS that I day hrow or min.	s. The CAUSE OF DEATH * was as follows:
a) Trade, profession or particular kind of work	Chrine Jaker Culing
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) Vyrs. — mos. — de.
9 BIRTHPLACE (State or country) Talbot Co. Md.	Contributory Secondary  9 yrs
FATHER John Canpwell	Signed M. D. 1920 (Address) User M.D.
OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Vivilla Society  13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place In the
OF MOTHER (State or Country)	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) M. June Cantwell	usual residence
(Address) Change Chro	Musical Cernely . Left. 26, 1930
Filedelps 74 1920 G Ballo Co. M. Registral	Henry Hoeck Lousing 1301 & Eager &
If more blanks are needed, address State Registre	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer-Coal mine, etc. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, For many occupations a single word or term on a without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinol fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"(Ezhaustion," "Heart failure," "Inamition," "Marasmus," "Old Age """"
"(Uraemia," "Weelaccident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, stated unless important, Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid—probably suicide. The n-ture of the injury, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY . (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as cough; Chronic valvular heart disease; etc. The contributory not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

/	•	PHYSI- d. Exact
	CORD	I EXACTLY rly classifie inficate.
MARGIN RESERVED FOR BINDING	WRITE FAIN WITH UNFADING INK-THIS IS A PERMANENT CORD	N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be-properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
V. % No. 1	WRI	N. BEvery ite CIANS e stateme

PLACE OF DEATH  County Baltimore	O2605 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30
Village or City EUDOWOOD SANATORIUM, TOWSON  2FULL NAME James Joseph Ce	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  Merch  (Month)  (Day)  (Year)
B DATE OF BIRTH  October 27, 1907  (Alonth) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Januar 16 1930 to March 9, 1930 that I last saw him alive on March 8, 1930
7 AGE  22 yrs. 3 mos. 2ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Irade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF	Contributory Secondary  (Durstion) 3 yrs. mos. ds.
FATHER W. F. Core  II BIRTHPLACE OF FATHER Z (State or country)  Ness Core	(Signed) M. D. Maryland.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  Tangland  May Cand	B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrslmos. 21 ds. State 22 yrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Hospital RecordsPersonal History (Informant) Eudowood Sanatorium, Towson, Md.  15 Filed Mek 10 198 Mek P. Cautte De	Where was disease contracted, if not at place of dea.h? Unknown  Former or usual residence 1503 Johns. St. Balto Mu  19 PLACE OF BURIAL OF REMOVAL  DATE OF BURIAL  May 12., 1930  20 UNDERTAKER
Registral	Chas flowandr Sw 118 W. Mith, 1, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engincer, Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many (a) the kind of work and also (b) the Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "PUERPERAL seplicaemia," "PUERPERAL perilonilis, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the letanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-hometide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., American Medical Association as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Whooping cough; ..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse, FOR VIOLENT DEATHS STATE MEANS OF INJULY Never report mere symptoms or terminal condi Chronic Carcinoma, Sarcoma, etc., of ," "Coma," "Convulsions, etc. valvular heart The contributory Always qualify all disease;

If this cartacate is look to the thoroughly and a'l qu stions answered in detail, it will be certificather correspondence. All the data is essent and must be obtained before the certificate is permanently filed.

SECTION A

1PLACE OF DEATH
County Ballimore
of Park A
Village or City Jues Creek, (Norman
2FULL NAME Charles Carl
PERSONAL AND STATISTICAL PARTICULARS
Male Unite   SSINGLE, MARRIED, Single Wildows OR DIVORCED (Write the word)
6 DATE OF BIRTH
June 27 , F
7 AGE [IFLE
75 yrs. // mos. 27 ds. or
a occupation (a) Trade, profession or Petired emplo
(b) General nature of industry business, or establishment in which employed or (employer) of Baltimore
9 BIRTHPLACE (State or country) Ballimore City
10 NAME OF FATHER Unknown
IN 11 BIRTHPLACE
OF FATHER (State or country) Unknown  12 Malden Name
of MOTHER Unknown
13 BIRTHPLACE OF MOTHER (State or Country) Unknown
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Joseph C. Whe
(Address) 2002 W. Lafyett
Filed fine 25 1980 John S. Conne
If more b.anks are needed, addre.s tate is

41	1	6	4	4
191			-	
1	(170)			

LARS

1857

(Year)

[If LESS than I day ..... hrs.

or min.?

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration D	18L. NO	T
Ward)	a hospital	occurred in or institu- its NAME is - street and

44

MEDICAL	CERTIFICATE	OF DEATH
16 DATE OF DEATH	June	24 , 1930
	(Month)	(Day)(Year)
17 I HEREBY CE	V	tended the deceased from
	192 . to	, 192
that I last saw ha	live on	, 192,
and that death occurred	on the date states	d above, atm.
The CAUSE OF DEATH	was as follows:	
Pistol sho	t nound	Lion hard,
	-	
e +- *= = -= 00 × 00 × 00 00000000000000000000	(Duration)	yrsds.
Contributory Secondary	3 +8 m +1 + 2 + 2 + 3 + 4 + 4 + 4 + 4 + 4 + 4 + 4 + 4 + 4	
(/ 192 (	Address Ttem	Coroner M. D.
*State the l'iseas Violent Cnuses, state Accidental, Suicidal or F	se Causing Death, (1) Means of li Homicidal.	or, in deaths from njury and (2) Whether
18 LINGTH OF RESID		itals, Institutions, Trans-
At place of deathyrsmos	ds. In the	teyrsmosds.
Where was disease contracted it not at place of dea h?	ed,	
Former or usual residence	, , , <del>, , , , , , , , , , , , , , , , </del>	***************************************
19 PLACE OF BURIAL O	RREMOVAL	DATE OF BURIAL
Vand (	Parls	Jenne 27 , 1930
20) UNDERTAKER	ass	ADDRESS
TO UNDERTAKEN	4	ADDRESS

tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Flanter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to e.ch and every person, irrespective ci whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "For man," "Nanager," "Dealworked on may form part of the second statement. Foreman, (b) Automobile factory. The material For many occupations a single word or term en yrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diselse. Examples: Cerebrospinal of fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Drepsy,"
> "E haustion," "Heart failure," "Hemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraernia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; eausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, American Medical Association.) and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomapproved by Committee on (Recommendations on statement of cause of death tetanus) may be stated under the head of "eontributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Atrophy," "Collapse," "Com2," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH County 9 allumore	O7675 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 37
Village or City Clockers with Mc	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Man Johila Sex A COLOR OR RACE 5 SINGLE, MARRIED, MONTE WILLOWS OR DIVORCED (Write the word)	16 DATE OF DEATH July 21 1936 (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY That I attended the deceased from 152 to 2 192  that I last saw have alive on 1 2 1 192
7 AGE  1 3 yrs. 3 mos. 10 ds.   If LESS that I day hror min	s. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. 5 ds.
9 BIRTHPLACE (State or country) Manflowof	Contributory Secondary (Duration) yrs
10 NAME OF STATE OF STATE ACCOSMO	(Signed) Jan Jan Jan M. D. July 12 192 (Address) CAOP Pull M
OF FATHER (State or country) Many Cama	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country) (Campland	At place of death yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Address) CARAGEMEN TO	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed July 23 1930 B B Registrar	120 UNDERTAKER ADDRESS Lands.
If more blanks are needed, address State Registr	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. busines, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-(a) Foreman, etc., or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,");

letanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease approved curbolic acid-probably suicide. Then ture of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicucmia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all " Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anacmia" (mere! y symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar; or intercurrent) affection use of "l'umor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse." "Conna," "Convulsions, perilonaeum. etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiname origin; "Cancer" is less definite; avoid by Committee on Nomenclature of the cough; " "Weakness," etc., when a definite disease Chronic valvular heart disease, etc. The contributory nced not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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1 PLACE OF DEATH

Baltimore

### 00891

### STATE OF MARYLAND CERTIFICATE OF DEATH

100-0

Registration Dist. No.

Village or City Catonsville (No. 141 Newberg Avenue St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Annie Carper

PERSONAL AND STATISTICAL PARTICULARS		TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 se	x emale	* COLOR OR RACE White	S SINGLE, MARRIED, Married WIDOWED OR DIVORCED (Write the word)	January 31 19 (Month) (Day) (Year)
6 DA	TE OF BIR	тн		17 HEREBY CERTIFY, That attended deceased from
		October	7 , 1867 (Day) (Year)	that I last saw her alive on Jaw. 30 ,193
7 AG		62 <sub>yrs.</sub> 3	If LESS than   1 day, hrs.   or   min. ?	and that death occurred on the date stated above, at $^{5}$ A $^{n}$ The CAUSE OF DEATH $*$ was as follows:
par b	) General natu	ssion, or of work Hou are of industry	sewife Home	Rroncho-proumonias Cus B.  (Duration) pro mos D
9 BI	DTHEFA		e, Maryland	Contributory Unile delice of That
	10 NAME FATHE		pindler	(Signed) (Signed) (Signed) (Signed)
RENTS	11 BIRTHE OF FAT (State	PLACE HER Germ	any	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
PARI	12 MAIDE OF M	N NAME OTHER Barbar	a(Unknown)	SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT
	13 BIRTHPLACE Baltimore, Maryland (State or country)		more, Maryland	OR RECENT RESIDENTS) All piscs In the of deeth yrs. mes. ds. State, I, I Type mes. d
(lefermant) Mr. Albert A. Carper			if net el piecs of deelh?  Former er ususi residence	
16	Address	141 Newbe	org Ave.	New Cathedral Feb. 3 XX
Filed , 191 REGISTRAR		REGISTRAR	20 UNERTAKER 1003 West Baltimore St	

If more blanks are needed address State Registrar, 15 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--- ('oal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Duy laborer, Form laborer, Loborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesmon, (b) '.rocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever, very important, so that the relative healthful-The material worked on may form part (b) Auto-Civil

Statement of Cause of Death—Name, first, the DISPASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., scpsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent deaths cause. Always qualify all diseases resulting from childmus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-"PUERPERAL peritonitis," etc. birth or miscarriage as "Puenperal septichaemia," etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, ctc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meosles; Whooping ges, perilonaeum, ctc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid use of by railway The contributory (secondary or intercurtrain-accident; Revolver State cause for which Never report mere mound

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	PLACE OF DEATH County Daltamore	08952 STATE OF MARYLAND CERTIFICATE OF DEATH
		Registration Dist, No.
	Village or City Catousvillo. Colors 2FULL NAME Stuart Colors	Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male White (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
	6 DATE OF BIRTH  Mod. 19. (Year)  (Month) (Day) (Year)	that I last saw h manalive on Muy 76, 1923,
	7 AGE [If LESS than	and that death occurred on the date stated above, at
	72 yrs. mos. 8 ds. or min.	The CAUSE OF DEATH * was as follows:
1	(a) Trade, profession or particular kind of work	Prelu Tuberculosis
1	(b) General nature of induatry businesa, or eatablishment in which employed or (employer)	(Duration) / ye
	9 BIRTHPLACE (State or country) Jaltimore (Md)	Contributory Secondary  (Durstion)
	10 NAME OF HENRY Carr	(Signed) Im Dulany Thomas M. D. Aug 28 1984 (Address) med act 13ld
	IN BIRTHPLACE OF FATHER (State or country) U 12 MAIDEN NAME/	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Catherinal Stoner	B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country) Baltriwed Med.	At place of deathyrsmosds, In the Stateyrsmosds,  Where was disease contracted.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
	(Informany May Mary V. Carr	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
	(Add Dolling Rd Calmantle	Loudon Park Cember 29, 1930
	Filed 19 30 Registrar	bhu O. Mitchell + Som 19, Eulaw Plus
	If mors banks are nseded, add to keek Registrer	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

age. For many occupations a single word or term on fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, whatever, write None. household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Committee on Nomenclature of the Chronic valvular heart disease; nephrilis, etc. The contributory

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Statement of Occupation-Precise statement of ocer," etc., without more present of the laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Solesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an the first line will be sufficient, c. g., Farmer or Plunter, tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Screant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the bisease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Crebrospapale fever (the only definite synonym is "Epidemic cere root spinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The niture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicacmia," "PUERPERAL periloquitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia, " "Weakness," etc., when a definite disease "Inanition, American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, cough; " "Marasmus, " "Old Age, " "Shock, or intercurrent) affection need not be Chronic etc. The contributory valvular heart disease;

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N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD K--THIS IS A PERMANENT ERVED FOR BINDING

MARGIN RESE	DING IN	And Section
MARGI	UNFA	out blue
	WITH	Hon oh
	WRITE FINE WITH UNFADING IN	v item of information should be seedfully
	/RITE 1	Item o
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V. S. No. 1

1	PLACE OF DEATH	10126 STATE OF MARYLAND
	County Saltimore	© CERTIFICATE OF DEATH
		Registration Dist, No. 30
	Village or Cito atousville (No. 123 New 2FULL NAME Smelta Lustin	Ward)  (If death occurred is a hospital or institution, give its NAME in stead of a street and number.)
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
200	3 SEX 4 COLOR OR PACE 5 SINGLE, MARRIED, WIDOWEDS OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
	6 DATE OF BIRTH  Sept. 97, 1857  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1990. to 1990 , 1990 that I last saw have alive on New 3 , 1990
	7 AGE    If LESS than   day hrs.   or min.	and that death occurred on the date stated above, at 3th P m The CAUSE OF DEATH * was as follows:
1000	a OCCUPATION (a) Trade, profession or particular kind of work	Arterio Helerones They ocarditis -
	(b) General nature of industry business, or establishment in which employed or (smployer)	(Duration) je mos de
2	9 BIRTHPLACE (State or country) (State or country)	Contributory Secondary  (Durstion) yre mos de
600	TO NAME OF FATHER STEPHY P. Firsting	(Signed) (Address store occessed
	II BIRTHPLACE OF FATHER Z (State or country) II MAJOEN NAME	State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of Mother Caroling	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	OF MOTHER (State or Country)	At place of deathyrsmosds. In the Steteyrsmosde
	14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) Orwing Fresting	usual residence
	(Address) 5/05 Falls Rd Jergan	Jan Cathedial Cem Sept 6: , 19.3.
	Filed Sept 4 1930 C. Matt folds Registrar	20 UNDERTAKER MITCHELL & Sold Golden
	If more bianks are needed, address State Registrate	, 16 W. Saratoga St., Balto., Raquesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). business, that fact may be indicated thus; Farmer gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed. as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation

Statement of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiral fever (the only definite synonym is "Epidemic cerebrospiral neningitis"); Dipluheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; approved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJURY American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Chronic valvular heart disease, etc. The contributory

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STATE OF MARYLAND
CERTIFICATE OF DEATH
Registration Dist. No. 9  St.: Ward)  Corsevel (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH CANADA (Month) (Day) 7 (Year)
that I last saw in alive on 1920.
and that death occurred on the date stated above at
PM Saft 61930- and died
Contributory Secondary Contributory Contribu
(Signed) Bus Andrew M. [ Set b 930 (Address) tasaguella MO
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
ients or Recent Residents)  At place of deathyrsmosds. Stateyrsmosd
if not at place of death?  Former or usual residence
19 PLAGE OF BURIAL OR REMOVAL  Londen lak Stot 6- 195
20 UN DERTAKER

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired work, Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefere an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits ean be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housenuid, etc. If the occupation has been grainged gaged in domestic service for wages, as Screaut, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Civil engineer, Stationary fireman, etc. But in many Physician, Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salcsman. without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Grocery, Mon

Statement of Cause of Death—Name, first, the mass causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrys pinal fever (the only definite synonym is "Epidemic corebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid-probably sucide. The n ture of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicucmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. approved by Committee on Nomenclature of the Recommendations on statement of cause of as fracture of skull, and consequences le g., scpsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drawning; Struck by railway train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar; or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, mencetanus) may be stated under the head of "contributory." merican Medical Association.) "Atrophy" "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condifor malignant neoplasms); Measles; Chronic valrular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certilicate is permanently filed.

Every item should stat SCCUPATIO

Exact statement o

MARGIN RESERVED FOR BINDING TH UNFADING INK—THIS IS A PERMANENT RECORD By supplied. AGE should be stated EXACTLY. PHYSICIA ms, so that it may be properly classified. Exact statement of

See instructions on back of certificates.

WRITE PLA VY, mation should can OF DEATH in plain important. See instru

N. B.

### County HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

200	1-PLACE OF DEATH runly HTT OF BALTIMORE: (No. Chattolane	WARD) a hos	leath occurred in pital or institugive its NAME
	2—FULL NAME Chuld To John S  (a) RESIDENCE NO. Chatto Cance (Usual place of abode) ength of residence in city or town where death occurred yrs. mos	Maril 6 Caster instead number WARD (If non-resident give city	of street and
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	11//
3 5	SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced, (write the word)	16 DATE OF DEATH (month, day, and year) 17	0/14/80
5a	If married, widowed, or divorced HUSBAND of (or) WIFE of	I HEREBY CERTIFY, That I at	14 , 198 0,
_	DATE OF BIRTH (month, day, and year)  AGE  Years  Months  Days  If LESS than 1 day,hrs. ormln.	and that death occurred, on the date stated above, at.  The CAUSE OF DEATH* was as follows:	4 TA
0000	(a) Trade, profession or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	(duration) yr  CONTRIBUTORY (Secondary) (duration) yr	
9	BIRTHPLACE (city or town)	18 Where was disease contracted if not at place of death?	
	10 NAME OF FATHER July & Carter	Did an operation precede death?Date of	
RENJ	11 BIRTHPLACE OF FATHER (city or town) (State or country)	What test confirmed diagnosis?	Carl, M. D.
P.	13 BIRTHPLACE OF MOTHER (city or town) 3	*State the Disease Causing Death, or in deaths state (1) Means and Nature of Injury, and (2) Suicidal, or Homicidal. (See reverse side for addition	whether Accidental,
14	Informant (Address)	19 PLACE OF BURIAL, CREMATION OR RE-	DATE OF BURIAL
15	Filed 95, 130 7 Elle Class Registrar	20 UNDERTAKER	ADDRESS

n from hinth certificate 7/18/20 al

### REVISED UNITED STATES STANDARD CERTIFI-CATE OF DEATH

[Approved by U. S. Census and American Public Health Assn.]

who have no occupation whatever, write None. indicated thus: Farmer (retired, 6 yrs.). EASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be has been changed or given up on account of the DISwife, Housework or At home, and children, not gainetc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary) may be entered as *House*man, etc. But in many cases, especially industrial employments, it is necessary to know (a) the kind of be taken to report specifically the occupations of persons engaged in domestic service for wages, as fully employed, as At school or At home. Care should Day Laborer, Farm Laborer, Laborer-Coal Mine, "Dealer," etc., without more precise specification, as Foreman, (b) Automobile factory. The material worked on may form part of the second statement. dustry, and therefore an additional line is pro-Never return vided for the latter statement; it should work and also (b) the nature of the business or in-Locomotive Engineer, Civil Engineer, Stationary Fire-Farmer or Planter, Physician, Compositor, Architect, word or term on the first line will be sufficient, e. g., respective of age. For many occupations a single The question applies to each and every person, irhealthfulness of various pursuits can be occupation is Statement of Occupation .- Precise statement of when needed. As examples: (a) Spinner, Cotton mill; (a) Salesman, (b) Grocery; (a) Cook, Housemaid, etc. If the occupation very important, so that the "Laborer," "Foreman," "Manager," For persons be used relative known.

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of . . . . . . (name origin

e Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "As thenia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be astion. statement of cause of death approved by Committee nature of the injury, as fracture of skull, and consequences (e. g. sepsis tetanus) may be stated under the head of "Contributory." (Recommendations on on Nomenclature of the American Medical Associaamples: Accidental drowning; Struck by railway train fy as ACCIDENTAL, SUICIDAL, HOMICIDAL, or as probably such, if impossible to determine definitely. Exsepticemia, sulting from child birth or miscarriage as "PUERPERAL certained as the cause. Always qualify all diseases re-"Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough, Poisoned cause for which surgical operation was undertaken. Example: Measles (disease causing death), 29 ds.; current) affection need not be stated unless important. nephritis, etc. Chronic valvular heart disease; Chronic interstitial For VIOLENT DEATHS state MEANS OF INJURY and quali--accident; Revolver wound of by carbolic acid-probably suicide. The "PUERPERAL peritonitis," The contributory (secondary or interhead-homicide; etc. State

ADDITIONAL SPACE FOR FURTHER STATEMENTS

BY PHYSICIAN

S.

RECEIVE 1 1930 BUREAU V.

-Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD WITH UNFADING INK--THIS IS A PERMANENT BINDING MARGIN RESERVED FOR WRITE

V. S. No. 1

N. B.

PLACE OF DEATH	STATE OF MARYLAND
County Daltum	CERTIFICATE OF DEATH
1 - his hel	Registration Dist. No. 33
Village or City Crowns Mulle Mo.	//S V
	a hospital or institu
2 FULL NAMENTAllac Shurley Ca	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS .	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
Male Whole WIDOWED. Deugh	(Month) (Day) (Year)
B DATE OF BIRTH	17 I HEREBY CERTIFY, That Lattended the deceased from
(Lam. 23 1913)	9au. 3/ 1980 to 1786. 5 , 188
(Month) (Day) (Year)	that I last saw here alive on PSL 5 - , 1923
7 AGE Ulf LESS than	and that death occurred on the date stated above, at 4
/7 yrs. O mos. /4 ds. or min.?	The CAUSE OF DEATH * WED no follows:
B OCCUPATION	Jularonam
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs. mol 3 de
9 BIRTHPLACE	Contributory Secondary
(State or country) & alternore County	M. June (Duration) J. Jro. mosde
10 NAME OF FATHER // . M all. A	(Signed) B. M. Bursey M. D.
11 DIDTHE ACE	Fish 5 190 d (Address) Teaplas Md
OF FATHER (State or country) ordenstrille. \a.  12 MAIDEN NAME	*State the lisease Causing Death, or, In deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER A A A A A A A A A A A A A A A A A A A	18 LENGTH OF RESIDENCE (For Hospitais, Institutions, Trans
13 BIRTHPLACE CARDS F	ients or Recent Residents)
OF MOTHER D. A	At place In the State yrs
4 THE ABOVE IS TRUE TO THE BEST OF MY, KNOWLEDGE	Where was disease contracted, if not at place of dea h?
0 11:11: 11:00	rendence
(Informant) William & Murley arver	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Jurings Mills Md	Carrollo Chapel Tisto 9 100
15 4	20 UNDERTAKER ADDRESS
	DO ONDERTAKER
Filed Lev. 6. 19830.	Sur Burns TSus Trivision h

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemoid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, Locomolive engineer, Statement of Occupation-Precise statement of ocr," etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as (b) Automobile factory. The material Stationary fireman, etc. But in many For persons who have no occupation 6 Grocery;

Stytement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept, ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of approved by Committee on telunus) may be stated under the head of "contributory." aecident; Revolver wound of head-homicide; Poisoned by American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 desc Bronchopneumonia (secondary), 10 ds. Never report inere symptoms or terminal condistited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meastes; ..... (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS State MEANS OF INJULY "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Chronic etc. The contributory affection need valvular heart Nomenclature not be disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

FOR

should be stated EXACTL CORD irms so that it may be properly class instructions on back of certificate. PERMANENT that ACE ¥ supplied. UNFADING INK--THIS terms MARGIN RESERVED carefully pla EATH Every Item of information should be CIANS should state CAUSE OF DEA statement of OCCUPATION is very im WITH

See

importa

PARENTS

OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country

WRITE

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(1741)	>:
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	> .

PLACE OF DEATH PERSONA SINGLE, MARRIED, 3 SEX COLOR OR RACE WIDOWED.
OR DIVORCED
(Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) IIf LESS than 7 AGE I day hrs. 8 OCCUPATION
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF 11 BIRTHPLACE

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.:	_Ward)	a hospital	occurred is or institute ts NAME is street an	-
		number.)	strect all	-

	EITH OATE	, , , , , , , ,
16 DATE OF DEATH	October	v 6 , 19 <b>3</b> 0
No. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		
		(Day)(Year)
17 I HEREBY CER	TIFY, That I atte	ended the deceased from
	92 to	, 192
that I last saw haliv	e on	, 192,
and that death occurred or	the date stated	above, atm,
The CAUSE OF DEATH * 1	vas as follows:	<b>神仙</b> 為 所 [ ]
Tracture of	- skul o	lue to
automobile		
	/	••••••••••••••••
Coronars ver	dict un	groudable
accident-	(D)	yrede.
	(Durstion)	yrsmosds.
Contributory	***************************************	
0 1/	6.1	yrsds.
(Signed) Jacob Lla	Uman	Coroner M. D.
192 (A.	draw Hemr	ners Run
*State the Discase Violent Causes, state ( Accidental, Suicidal or Hor	Causing Death,    Means of Injudicidal.	ury and (2) Whether
18 LENGTH OF RESIDEN	ICE (For Hospit	als, Institutions, Trans-
ients or Recent Resident	:s)	
At place of deathyrsmos	In the	yramosds.
Where was disease contracted,	ds. State	Leonous y 18 - comment (1108 months on Quality
if not at place of death?		••••••
Former or		
usual residence		***********************************
usual residence		DATE OF BURIAL
19 PLACE OF BURIAL OR		DATE OF BURIAL
19 PLACE OF BURIAL OR	BEMOVAL	DATE OF BURIAL  Och. 8 , 19 30  ADDRESS
Smiths	BEMOVAL	DATE OF BURIAL  Och. 8, 19 30  ADDRESS  Cherdeen

Registro

If more bianks are needed, address State Registrar, 16

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on yrs). For persons who have no occupation

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American Medical Association.) (Recommendations on statement of cause of death "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY intercurrent) affection need not be Chronic etc. The contributory valvular heart disease;

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AD.	Tysi- Exact	PUACE OF DEATH County & County & County	12172 STATE OF MARYLAND CERTIFICATE OF DEATH
O (	XACTLY, PICALS classified.	Village or City Sparks By 7 7 No.	Registration Dist. No. 37.  St.: Ward) (If death occurred in a hospital or institu-
CORD	日子生	2 FULL NAME James Oscar	a hospital or Institu- tion, give its NAME Is- stead of street and number.)
/-	stated properly of certifi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
BINDING	he st be pr ck of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) 20 (Day) (Year)
Z D KW	ould may n ba	6 DATE OF BIRTH	(Month) 20 (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
3IN PEF	S + O	180 26 1908	Cueg 20 1930. to Oct 1417 , 1920,
2 ₹	that tlong	(Month) (Day) (Year)	that I last saw h Lie alive on Oct 1975 1920,
0 0	A tho	7 AGE   If LESS than	and that death occurred on the date stated above, atm.m.
F S I	s s stru	9/ (0 /8 , I dayhrs.	The CAUSE OF DEATH * was as follows:
E E	pplie erm e ins	yrs. mos. ds. or min.?	Chorica Mange - Nearon
ESERVE INKTH	sup on te	a) Trade, profession or	177 arre O
SEI	> 0	particular kind of work (b) General nature of industry	
RES G 1	in pl	business, or establishment in	(Duration)de,de,
Z	TO TO	which employed or (employer)	Contributory O Eleman Lugo.
HARGIN RE	be c EAT	9 BIRTHPLACE (State or country) Ballo Co And	Secondary (Duration) yis mos 4 ds.
	CF D	FATHER OFF CAUSION	(Signed) M. D.
TH	E H	OF FATHER	192 (Address) Death or in deaths from
× ×	AUS	Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	4Cat	of Mother Sarrah Ti Calleon	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
7	inform state ccuz	13 BIRTHPLACE OF MOTHER	At place In the
6		(State or Country)	of death yrs mos ds. State yrs mos ds.
(1)	0 2 5	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
ITE	sho	Maxman Day of ou moth	Former or usual residence
WRIT	E or E	(Informant) / Wow way was some	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
>	AN IAN	(Address) Darks Md	Dephen Chedel Eucley Och 17th, 1930
	S C E	15 6 / 7 - 1 - 1	20 UNDERTAKER ADDRESS

lf more blanks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken er," etc., without more precise specimeauou as any laborer, Furm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever. write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, guged in domestic service for wages, as Servant, Cook, Housemoid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a report specifically the occupations of persons ennner, (b) Cotton mill; (a) Salesman, (b) Foreman, (b) Automobile factory. The For many occupations a single word or term on Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many 6 materia Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); American Medical Association.) approved by Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-(secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, menperitonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi (name origin; "Cancer" is less definite; avoid Committee on Chronic etc. The contributory affection need not be valvular heart disease; Nomenclature of the Measles ;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

	PLACE OF DEATH	03900 STATE OF MARYLAND
	County Calleun E 129	CERTIFICATE OF DEATH
		Registration Dist. No. 442
1	Village of Livers down E (No.) Y he	(If death occurred in
		tlon, give its NAME is -
X.	2FULL NAME SULFS ALLEL	stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
+	Thurse of her Wite the word	(Month) (Day) (Year)
	DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	MV. 25, 1850	hach 2 1923. to Cape 2 1, 19238.
-	(Month) (Day) (Year)	that I last saw he alive on 192
1	7 AGE 79 1 1 1 day	and that death occurred on the date stated above, at
	yrsmos. \ds. ormin.?	14 Bouch
1	S OCCUPATION (a) Trade, profession or	premiorio
1	particular kind of work Touse WUS	
1	(b) General nature of industry business, or establishment in	(Duration) vis 2 / mos 2 de.
	which employed or (employer)	Contributory resteretes theories
1	State or country)	Secondary (Durstion) VIS de de
-	10 NAME OF FATHER	(Signed) XII. serverel theling.
	II DIDTHDIACE	al 2/ 192 Address 29/0/ Pleys For
	OF FATHER (State or country) Musicowa	*State the Disease Causing Death, or, in deaths from Violent Causes, etate_(1) Means of Injury and (2) Whether
	12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
	OF MOTHER MUUNTUN	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER	At place In the of deathyrsmosds. Stateyrsmosds.
1	(State or Country) Company Com	Where was disease contracted,
1	4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
	(Information . Sagaly D. Mullially	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Lausdownt Med	mehale Com. apr. 23. 19. 30
1	5 Ellbul 21 103 De Mutil 11	20 UNDERTAKER ADDRESS
1.	Rogfief	Casion Sons Ellers Cu
	If more branks are needed, address tate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer—Coal mine, etc. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on especially in industrial employments, it is necesyrs). without more precise specification as Day For persons who have no occupation Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Exhaustion," "Heart lanue, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary Whooping cough; Chronic American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condiinterstitial nephritis, by Committee on Nomenclature of the or intercurrent) affection need not be valvular heart disease; etc. The contributory

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PLACE OF DEATH County Peltinors	00919 STATE OF MARYLAND CERTIFICATE OF DEATH
0, . m Ne k	Registration Dist. No.
Village or City Catousille No. Spring 3	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH  (Youth) 2 (Year)  (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  1924. to July 5, 1930  that I last saw h & alive on July 5, 1930
7 AGE    If LESS than   I day hrs.   or min.?	and that death occurred on the date stated above, at
B OCCUPATION (a) 1 rade, profession or particular kind of work (b) General nature of industry	Chr. Interstitial Nephritis
business, or establishment in which employed or (employer)	(Duration)ds.
9 BIRTHPLACE (State or country)	Contributory Contributory Secondary
10 NAME OF GO Chappelean	(Signed) 1001 E M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME O	*State the Dis-ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Chaleth Typer	18 LINGTH OF RESIDENCE (For liospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death 5 yrs 11 most 4 ds. In the 75 yrs 0 mos 2 ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted of the not at place of des him to the place of des him to the contracted of the contracted
(Informant) Dr. Harry, Chappalean	Former or usual residence Aughosville (D.M. Co) MA
(Address) Kughesville me	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER  ADDRESS
Filed / 9 19230 Gra Okoby Com	Quale Deut Wighoulk In
If more banks are needed, addreds tate hegistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census : nd American Fublic Health Association.)

MATE 3/ 26/ 38

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the cup that is very im; ortant, so that the relative health-Statement of Occupation - Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealshould be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know the first line will be sufficient, e g., Farmer or Planter, Physician. Compositor, Architect, Locomotive engineer, tion applies to e ch and every person, irrespective of fulness of various pursuits can be known. The quesor given up on account of the DISEASE CAUSING DEATH, should be used only when needed. As examples: (a) Spinner, (b) Creton mill, (a) Salesman, (b) Greery. Civil engineer, Stationary fireman, etc. But in many report specifically the occupations of persons enetc., Foreman, especially in industrial employments, it is neceswithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the occupations a single word or term on

TO LOCAL REGISTRAD NO

Strtement of Cause of Death—Name, first, the DIS-EA E CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemi; cerebros, inal meningitis"); Dinhlheria (avoid use of "Croup"); Tylicid ferer (never report "Typhoid Pneumonia"); Lobur preumonia, Pronchopneumonia ("Pneumonia,"

> atic), "Atrophy. Compass, "Senile," etc.), "Dropsy," "Debility" ("Congenital," "Senile," "Haemorhage," "E.haustion," "Heart failure," "Haemorhage," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," when a definite disease tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as accidental, suicidal or Homicidal, taken. For violent deaths state means of injuny State cause for which surgical operation was under-Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) Never report mere symptoms or terminal condi "" "Weakness," etc., when a definite disease Example: Measles (disease affection need etc. The contributory valvular heart disease; Nomenclature not be

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PLACE OF DEATH County Baltemore	02102 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 36
Village or City Catouscelle (No. Ofel-10 2FULL NAME Panela W Chele	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX LUCIOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Feb. 28 , 19236 (Month) (Day) (Year)
(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 J. to Feb. 28 , 192 30 that last saw h & alive on Feb. 27 , 192 30
7 AGE  16 LESS than day hrs. or min.?	
(a) Trade, profession or particular kind of work	desero.
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) (O yrs. mos da.
9 BIRTHPLACE (State or country)  W.L.	Contributory Secondary  (Durstion)  To a mosds.
10 NAME OF Aguila Chilcoal	(Signed) washalo Blown M. D. Feb 28 19230 (Address) Colonnello M.D.
OF FATHER (State or country)	*State the Viscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Caucle Stack.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs ds. In the State yrs ds. Where was disease contracted,
(Informant) his duelie Eusei:	if not at place of dea.h?
(Address) ofil How Catourallele	Donal Control
Filed 2/24 1930 All Begistrar	20 UN DERTAKER ADDRESS Solo Solo Solo Solo Solo Solo Solo S
If more banks are needed, address tate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook, ployed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houselaborer, Farm tavorer, Lauvrer with the duties of the en at home, who are engaged in the duties of the er," etc., additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, cupation is very important, so that the relative healthhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. sary to know (a) the kind of work and also (b) the Civil engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But iu many If the occupation has been changed

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on Nomenclature of the carbolic acid-probably suicide. The n :ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Traemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (secondary or intercurrent) affection need not be ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJULY cough; Chronic etc. valvular heart disease The contributory Measles ;

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BINDING

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PLACE OF DEATH	
County Baltimore So.	
County January VO	
1 0 . 5.	(1).
Village or City Gasson Md. (No.	Aus
Care Son	·OK-
2 FULL NAME James MI	cion,
PERSONAL AND STATISTICAL PARTICULA	ARS
3 SEX 4 COLOR OR RACE 5 SINGLE,	0
Male While Whoked, OR DIVORCED (Write the word)	ingle
S DATE OF BIRTH	1
September 19	1875
(Month) (Day)	(Year)
	LESS than
	day hrs. min.?
e occupation Of to-	4 0
(a) Trade, profession or particular kind of work	Work.
(a) Trade, profession or particular kind of work  (b) General nature of industry	Work,
(a) Trade, profession or particular kind of work	Work,
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Work,
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE  (State or county)  (State or county)  (State or county)	Work, willy
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE  (State or county)  10 NAME OF	rok.
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE  (State or county)  10 NAME OF FATHER  100028 henovely	Work.
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or county)  10 NAME OF FATHER  11 BIRTHPLACE  (State or county)  11 BIRTHPLACE	al.R.
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or county)  10 NAME OF FATHER  OF FATHER  (State or county)  (State or county)	rock.
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or county)  10 NAME OF FATHER  OF FATHER  (State or country)  22 (State or country)  33 (State or country)  44 (OF FATHER  OF MAIDEN NAME  OF MOTHER	al.R.
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or county)  10 NAME OF FATHER (State or county)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE  13 BIRTHPLACE	al.R.
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or county)  10 NAME OF FATHER OF FATHER (State or county)  11 BIRTHPLACE OF FATHER (State or county)  12 MAIDEN NAME OF MOTHER  OTHER  OF MOTHER  OTHER  OTHER	al.R.
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or county)  10 NAME OF FATHER  (State or county)  11 BIRTHPLACE OF FATHER  (State or county)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  14 MOTHER  15 BIRTHPLACE OF MOTHER  16 MOTHER  17 MAIDEN NAME OF MOTHER  18 BIRTHPLACE OF MOTHER	al.R.
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or county)  10 NAME OF FATHER (State or county)  11 BIRTHPLACE OF FATHER (State or county)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLED.	al.R.
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or county)  10 NAME OF FATHER (OF FATHER (State or county)  11 BIRTHPLACE OF FATHER (State or county)  12 MAIDEN NAME OF WORLD OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 BIRTHPLACE OF MOTHER (State or Country)  15 MAIDEN NAME OF WORLD OF MOTHER (State or Country)  16 MOTHER (State or Country)  17 MAIDEN NAME OF WORLD OF MOTHER (State or Country)  18 BIRTHPLACE OF MOTHER (State or Country)  19 BIRTHPLACE OF MOTHER (State or Country)  10 NAME OF STATE OF MOTHER (State or Country)	al.R.
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or county)  10 NAME OF FATHER (State or county)  11 BIRTHPLACE OF FATHER (State or county)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLED.	al.R.

Registror

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balles, Requesting V

#### CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-Ward) tion, give its NAME in-stead of street and number.) CERTIFICATE OF DEATH 16 DATE OF DEATH 26 (Day) 36 (Year)... and that death occurred on the date stated above, at The CAUSE OF DEATH \* was as follows: (Duration) Contributory Secondary (Duration) M. D. (Signed) Causing Death, or, in deaths from \*State the Disease Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal, 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In the At place of death.. .yrs.....mos. Where was disease contracted, if not at place of death? Former or usual residence TE OF BURIAL

STATE OF MARYLAND

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken whatever, write None. business, that fact may be indicated thus; Farmer (re-For many occupations a single word or term on or At Home, yrs). For persons who have no occupation Farm laborer, without more precise specification as Day Compositor, Architect, and children, not gainfully em-Laborer-Coal minc, etc. Wom-Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Circbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Spinal meningitis"); Diphlheria ("Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be ..... (name origin; "Cancer" is less definite; avoid atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; "PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underapproved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (c. g., sepsis, American Medical Association.) perilonaeum, etc., Carcinoma, Sarcoma, etc., ot Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJURY Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is casential and must be obtained before the certificate is permanently filed.

EXACTLY, P properly PERMANEN be BINDING pino nstructions that FOR supplied RESERVED ä UNFADING ATH MARGIN F DI 0 TION CAUS inform occupa should of statement

PLACE OF DEATH

#### 12173 STATE OF MARYLAND CERTIFICATE OF DEATH

M. D.

	Registration Dist. No.			
Village or City Towson (No. 5	Ward)  (If death occurred in a hospital or institution, give its NAME Instead of a hospital or institution, give its NAME Instead of a hospital or institution, give its NAME Instead of a hospital or institution, give its NAME Instead of a hospital or institution, give its NAME Instead of a hospital or institution, give its NAME Instead of a hospital or institution, give its NAME Institution, give			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Gtobu 26 , 192 30 (Mouth) (Day) (Yesr)			
6 DATE OF BIRTH  (Month) (Day) (Year	17 I HEREBY CERTIFY, That I attended the deceased from			

AGE			If LESS than	and that death occurred on the date stated above, at
	07 1			The CAUSE OF DEATH * was as follows:
	0 00 yrs. 2	mos. o ds.	ormin.?	J. J.
			7	

Contributory

Secondary

(a) Trade, profession or particular kind of work (b) General nature of industry

business, or establishment in which employed or (employer)

BIRTHPLACE

OF MOTHER (State or Country)

(State or country) 10 NAME OF FATHER

PARENTS OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

	(Informant) Emma C. Chemout	4
	(Address) 500 Virginger, Time	
15	Filed (At 27 1975) Vir / 194th	

_	Violent Causes, state (1) Means Accidental, Suicidal or Hemi idal.			
_	18 LENGTH OF RESIDENCE (For ients or Recent Residents)	Hospitals,	Institutions,	Trans
	At place of deathyrsmosds.	In the State	yrsmes.	d
-	Where was disease contracted, if not at place of death?		000000000000000000000000000000000000000	
4	Former or usual residence	DD HARRING & GOTT TO AT 2 T		-0-0
2	19 PLACE OF BURIAL OR REMOVAL		DATE OF BUF	
(	Inspect foroson	· 60	t 29.	19 30
	20 ON BERTAKER	AL	DORESS	

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

No. 1 vî EVERY

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quessary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus; Farmer (per state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scruant, Cook to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an whatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changed Foreman, or At Home, and children, not gainfully em-For many occupations a yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Cotton mill; (a) Salcsman. (b) For persons who have no occupation (b) Automobile factory. The material single word or term on Grocery,

spinal meningitis"); Diphtheria (avoid use of "Cloup fever (the only definite synonym is "Epidemic cerebroed berm for the same disease. Examples: Cerebias pinta to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,

> approved by Committee on stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meosles, "PUERPERAL seplicacnia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify al "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases "Uraemia," "Weakness," etc., when a definite disease Whooping cough; American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, Recommendations on statement of cause of death 'etanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railwoy train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Corcinoma, Sarcoma, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as or intercurrent) Chronic valvular heart disease; affection need etc. The contributory Nomenclature not be etc., of

data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. permanently filed If this certificate is looked over thoroughly and all questions

ORD	PHYSICIANS should state nt of OCCUPATION is very	County  Township  or  Villago  Or  City Ft	Bultimore Howard
RECORD	e tr		ERSONAL AND
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Z WE	EXAC	Male	White
BINDING A PERMANENT	be stated Ex fied. Exact	6DATE OF E	Au gust
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07676	DEPARTMENT	OF	COMMERCE
() 8 () 8 (	BUREAU OF	THE	CENSUS

L	1PLACE OF DEATH	07	DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS			
Co	unty Bultimore		STANDARD CERTIFICATE OF DEATH			
	wnship or lago	(182)	State of Registered No.			
	or _		St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]			
2.0=	PERSONAL AND STATISTICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH			
Ma.	MARRIED,	Single	July 13th. 1930 191 (Year)			
5 DA	TE OF BIRTH  August 15th  (Month)	(Day), 1892 (Year)	17 I HEREBY CERTIFY, That I attended deceased from, 19i, to, 191,			
7 AG	37 yrs. 10 mos. 28	If LESS than 1 day, hrs. ds. or min.?	that I last saw h alive on			
(a) part (b) busi whice	Trado, profession, or cleular kind of work Soldier General nature of industry, noss, or establishment in the employed (or employer) U.S.Army.		Drowing, accidental			
(Sta	Andes , Greece					
	10 NAME OF FATHER Mike Ckallas		Contributory (secondary) yrs. mos. ds,			
STA	11 BIRTHPLACE OF FATHER (State or country) Andos, Greece		(Signed) W. 1930 E (Address) Ft. Howard, Md.			
PARENT	OF MOTHER May Nick Psumus		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.			
	OF MOTHER (State or country) Andos, Greece		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place 8			
	OF MARKET OF THE BEST OF MY KNOW HORMANT) LUC HALL	al	of death			
15 Filos	(Address) 1579, 1st. Ave, New You	neschi	19 PLAGE OF BURIAL OR BEMOUNT DATE OF BURIAL  PLACE OF BURIAL OR BEMOUNT  LOCAL OR BEMOUNT  DATE OF BURIAL  DATE OF BURIAL  20 UNDERTAKEB  ADDRESS // 17 F			

V. S. No. 98

11-3184

Jermson Bu Bulto 17

[Approved by U. S. Census and American Public Health Association]

or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report spedefinite salary), may be entered as Housewife, Housework, examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) have no occupation whatever, write None. cated thus: Farmer (retired, 6 yrs.). of illness. If retired from business, that fact may be indithe disease causing death, state occupation at beginning occupation has been ehanged or given up on account of service for wages, as Servant, Cook, Housemaid, etc. cifically the occupations of persons engaged in domestic household only Women at home, who are engaged in the duties of the Day laborer, Farm laborer, Laborer-Coal mine, "Dealer," etc., terial worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," Groccry; (a) Foreman, (b) Automobile factory. The mastatement; it should be used only when needed. and therefore an additional line is provided for the latter work and also (b) the nature of the business or industry, employments, it is necessary to know (a) the kind of itor, Architect, Locomotive engineer, Civil engineer, Stationary sufficient, e. occupations a single word or term on the first line will be each and every person, irrespective of age. For many fireman, etc. various pursuits can be known. The question applies to is very important, so that the relative healthfulness of Statement of occupation .- Precise statement of occupation But in many cases, especially in industrial g., Farmer or Planter, Physician, Composwithout more precise specification, as (not paid Housekeepers who receive a For persons who

tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), be stated unless important. Example: Measles (disease tributory (secondary or interenrent) affection need not heart disease; Chronic interstitial nephritis, etc. neoplasms); Measles; cer" is less definite; avoid use of "Tumor" for malignant cinoma, Sarcoma, etc., of .. nite); Tuberculosis of lungs, meninges, peritonaeum, etc., Car-Bronchopneumonia ("Pneumonia," unqualified, is indefigitis"); Diphtheria (avoid use of "Croup"); Typhoid fever definite synonym is "Epidemic cerebrospinal meninthe same disease. and causation), using always the same accepted term for ING DEATH (the primary affection with respect to time (never report "Typhoid pneumonia"); Lobar pneumonia; Statement of cause of death. - Name, first, the DISEASE CAUS-Never report mere symptoms or terminal condi-Examples: Cerebrospinal fever (the only Whooping cough; Chronic . (name origin; "Can-The convalvular

BUREAU

nature of the injury, as fracture of skull, and consequences cause of death approved by Committee on Nomenclature Struck by railway train-accident; Revolver wound of head to determine definitely. Examples: Accidental drowning. SUICIDAL, or HOMICIDAL, or as probably such, if impossible chaemia," "PUERPERAL perilonitis," etc. State cause for tained as the cause. Always qualify all diseases result of the American Medical Association.) "Contributory." (Recommendations on homicide; Poisoned by carbolic acid-probably suicide. The DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, which surgical operation was undertaken. ing from childbirth or miscarriage, as "Puerperal septi tion," "Marasmus," "Old age," "Shock," "Uraemia," "Exhaustion," "Heart failure," "Haemorrhage," "Inaniatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," (e. g., sepsis, tetanus) may be stated under the head "Weakness," etc., when a definite disease can be ascerstatement of For VIOLENT

Norz.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, haemorrhage, gangrone, gastritis, erysipelas, meningitis, miscarriage, necroic, peritoritis, pheblitis, pyaemia, septichaemia, tetanus." But general adoption of the minimum list enggested will work vast improvement, and its scope can be extended at a later date.

11-318

V. S. No. 1

RESERVED FOR BINDING	BINDING	0	
G INK-THIS IS A PERMANENT	PERMANENT	CORD	
efully supplied. ACE should be stated EXACTLY, PHYSI-	should be stated	EXACTLY, PHYSI-	
in plain terms so tha	it it may be properly	v classified. Exact	
tant. See Instruction	is on back of certifi	icate.	

11 1	
PLACE OF DEATH	03967 STATE OF MARYLAND
County Balto.	CERTIFICATE OF DEATH
10: neels	Registration Dist. No. 44
Village or City Back River neels (No. Hall	St: Ward) (if death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	IS DATE OF STATE
male Hlut WIDOWED. OR DIVORCED (Write the word)	aful 6tt, 1930
6 DATE OF BIRTH	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from
Land. 10th 1876	, 192, 192, 192
(Month) (Day) (Year)	that I last saw halive on 192
7 AGE  at the first of the second of the sec	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work her find the profession or particular kind or particular kind of work her find the profession or particular kind of work her find the profession or particular kind of work her find the profession or particular kind of work her find the profession or particular kind of work her find the profession of the profession or particular kind of work her find the professio	Conflagration: accidental bushing of directling.  (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Balto.	Contributory Secondary  (Duration) grs mos ds.
FATHER Harry Ed. Claussen	(Signed) Jacob Dallman Coroner M. D.
Of FATHER Z (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
of MOTHER Conthia Tries	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents)  At place of deathyrsds.  Where was disease contracted,
(Informant) Lellean A. Shipley	if not at place of death?  Former or usual residence
(Address) 5209 Engen Com	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed Ge. 7ct 1980 How & Connelly	20 UNDERTAKER Cornelly address
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emer," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery. (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, Locomotive engineer, household only (not paid Housekeepers who receive a to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> This pie recurred on me. The feet George Cetal. on Hall at George. The.

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. For violent deaths state means of injuny can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) Whooping ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condicough; Chronic etc. The affection need not be valvular heart disease; contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data data be obtained before the certificate is permanently field TEIV ED

APR 8 1930

BUREAU V. S.

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	Registration Dist. No. 3.
2	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	MEDICAL CERTIFICATE OF DEATH
(	16 DATE OF DEATH  (Month) (Day) (Year)
	I HEREBY CERTIFY, That attended the deceased from
n	and that death occured on the date stated above, at 5
9.	The CAUSE OF DEATH * was as follows:
.?	Chy Valv. Spart Diseasi
	2
•••	Contributory Secondary
-	(Signed for E Mayley MD
	July 17 198 O(Addres Paudallolyum
_	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
_	At place of death yrs mos ds. State yrs mos ds. State yrs da
	if not at place of death?

Exact PLACE OF DEATH properly classified. be stated EXACTLY

CORD

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~ ACE

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2

DEATH

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Every item of information shicians ships cause cause of state cause of statement of occupation is

very important.

in terms so that it may be See Instructions on back

PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE

5 SINGLE MARRUS WIDOWER OR DIVOKOS (Write the word)

6 DATE OF BIRTH

(Month)

(Day)

(Year) IIf LESS the

7 AGE

3 SEX

I day hr

a) Trade, profession or

particular kind of work (b) General nature of industry

business, or establishment in which employed or (employer)

BIRTHPLACE (State or country

10 NAME OF

11 BIRTHPLXCE OF FATHER (State or country)

PARENTS MAIDEN NAME

> 18 BIRTHPLACE OF MOTHER (State or country

(Informant)

(Address

15 Filed

Registra

20 UNDERTAKER

ADDRESS 1930

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

No. 1

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," ctc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, inges, peritonaerum, etc., Carcinoma, Sarcoma,, etc., of ...... (name origin; "Cancer" is less definite; avoid atic), "Atrophy," "Collapse," "Coma," "Convulsions," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Annemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory" carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaconia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia, " "Weakness," etc., when a definite disease "Inanition, "Exhaustion," (secondary or intercurrent) affection need not be Chronic interstitud nephritis, Whooping cough; approved by Committee on Nomenclature of the or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train FOR VIOLENT DEATHS State MEANS OF INJURY " "Marasmus, " "Old Age, " "Shock," Chronic Example: Meusles (disease etc. valvular heart disease; The contributory Sarcoma,, etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

WRITE PAINL WITH UNFADING INKTHIS IS A PERMANENT I CORD	N. BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be proberly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
IG INKTHIS	efully supplied in plain terms trant. See instr
ITH UNFADIN	SE OF DEATH IS very Impor
PAINL	of information uld state CAUS of OCCUPATION
WRITE	BEvery item CIANS shot
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Registration Dist. No.  Registration Dist. No.  Reason Source St.:  Ward)  (If death occurred in a hospital or institution, give its NAME in stead of street and number.)  MEDICAL CERTIFICATE OF DEATH  DATE OF DEATH  (Month) (Day) (Year)  I HEREBY CERTIFY, That I attended the deceased from the last saw h (in alive on April 57)  I last saw h (in alive on April 57)  t I last saw h (in alive on April 57)  t that death occurred on the date stated above, at 0, 10 Proceedings of the control of the last saw h (in alive on April 57)  CAUSE OF DEATH * was as follows:
MEDICAL CERTIFICATE OF DEATH  OATE OF DEATH  (Month) (Day) (Year)  I HEREBY CERTIFY, That I attended the deceased from the saw h (i.e., alive on April 51)  t I last saw h (i.e., alive on April 51)  t that death occurred on the date stated above, at 51,00 Prince CAUSE OF DEATH * was as follows:
(Month) (Day) (Year).  I HEREBY CERTIFY, That I attended the deceased from the I last saw h (i.e., alive on April 57 , 1930.  I that death occurred on the date stated above, at 0,/0 / no course of the CAUSE OF DEATH * was as follows:
(Month) (Day) (Year)  I HEREBY CERTIFY, That I attended the deceased fro  Warch 1929 to Grail 57 1920  I last saw h was alive on Grail 57 1920  that death occurred on the date stated above, at 51.10 fro  CAUSE OF DEATH * was as follows:
I HEREBY CERTIFY, That I attended the deceased from March 1999, to April 57, 1920, 1920, to I last saw h (i.e., alive on April 57, 1930, 1930, that death occurred on the date stated above, at 0, 10 f, no CAUSE OF DEATH * was as follows:
1 and accounty takes the see
(Duration) 2 yrs. 6 mos. — Contributory Secondary
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  LENGTH OF RESIDENCE (For Hospitals, Institutions, Tracents or Recent Residents)  place leath / yrs. / mos. 4 ds. State / yrs. mos.
eath yrs. mos. 4 ds. State yrs. 4 ds. St

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more present of the laborer, Farm laborer, Laborer—Coal mine, etc. Womfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the dutics of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomolive engineer, whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile foctory. The material Stationary fireman, etc. For persons who have no occupation person, irrespective of But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. "Uruemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage, "Shock," "Old Age," "Shock, "Dehility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; use of "Tumor" ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, approved (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY by Committee on Nomenclature "Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, for malignant neoplasms); Measles; Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

V. S. No. 1

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PLACE	OF	DEATH
County		timore

Towson

Sheppard and Enoch Pratt Hospital

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U	2	()	U	6	



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 38

2FUL	L NAME Wil	liam H. Co	ale	St.: Ward)  (If death occurred in a hespitul or institution, give its NAME irstead of street and number.)
PERSON	AL AND STATISTI	CAL PARTICL	JLARS	MEDICAL CERTIFICATE OF DEATH
male	4 COLOR OR RACE			16 DATE OF DEATH  March  (Month)— (Day) (Year)
(b) General na business, or es which employed 9 BIRTHPLACE (State or could not be seen to be seen t	August  (Month)  84 yrs.  ofession or d of work ature of industry tablishment in ted or (employer)  ntry)  M  John Ws	3 (Day)  mos. 2 4 d  Farm  aryland	// 1845 (Year) If LESS than I dayhrs. s. ormin.?	I HEREBY CERTIFY, That I attended the deceased from  July 4, 192 4 to March 27, 19830, that I last saw him slive on Mar. 26, 19830, and that death occured on the date stated above, at 3:05 Pem. The CAUSE OF DEATH * was as follows:  Bronchopneumonia  Fracture of femur, caused by a fall.  (Duration)  Contributory fracture of femur Secondary  (Signed)  Mar. 27, 19830 (Address)
12 MAIDEN OF MOTH 13 BIRTHPL OF MOTH (State or 14 THE ABOVE I	country) Maryl NAME ER Cassand ACE ER M country) S TRUE TO THE BEST	ra R. Corsaryland		Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs most death State yrs mos death State yrs mos death State yrs most death State yrs mos death yrs
15 Filed MCh	dy 1980	me p B	ulter Registras	Herbert N. Bailay Darlington

(Approved by U. S. Census and American Public Health Association.)

er," et ., wir--karer, Farm laborer, who are fulness of various pursuits can he known. The quescupation is very important, so that the relative health en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a should be used only when needed. As examples: (a additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemoid, etc. If the occupation has been changed guged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Wever return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) nature of the business or industry, and therefore an Civil engineer, Stationary forman, etc. But in many Physician, Compositor, Architect, Locomotive tion applies to each and every person, irrespective of Foreman, For many occupations a single word or term on Or especially in industrial employments, it is necesyrs). For persons who have no occupation At Home, and children, not gainfully emwithout more precise specification as Day Colton mill; (a) Salesman. (b) Automobile factory. The material Luborer-Coal mine, etc. (6) engineer, Grocery; Wom-

Statement of Cause of Death—Name, first, the DIS-ASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningities"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar - pneumonia, Bronchopneumonia ("Pneumonia,")

> utic), "Atrophy." "Collapse," "Coma," "Convusions, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Heart failure," "Hamorrhage, diseases resulting from childbirth or miscarriage as 'PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. "Inanition," "Marzsums,
> "Uraemia," "Weakness," etc., when a definite disease "Exhaustion, "Marasmus, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmeumonio (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonocum, (secondary Chronic interstitial nephritis, inges, perilonocum, etc., Curcinomo, Sarcoma, etc., of ..... (name origin; "Cancer" is less definite; avoid telonus) may be stated under the head of "contributory." ourbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. State cause for which surgical operation was underunqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, Whooping American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; by Committee on Nomenclature or intercurrent) affection need not Chronic etc. The contributory valnular heart disease; Always qualify all death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A ithe data is essential and must be obtained before the certificate is permanently filed.

S No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Bult.	CERTIFICATE OF DEATH
	(9)
101-31	Registration Dist. No.
Village or City Catousville (No. 700	Myleride (Note: Ward) (If death occurred in a hospital or institution, give its NAME is
2 FULL NAME Evelyn Virginia	tion size its NAME is
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
Turale wh. WIDOWED. hilf (Write the word)	Much 27 , 1980
B DATE OF BIRTH	(Month) (Day) (Year)   17   I HEREBY CERTIFY, That I attended the deceased from
1. Oct 18 = 1468	Jan 5 1930. 10 Murch 27, 1930,
(Month) (Day) (Year)	Wat I last saw her alive on June 27 , 19230,
7 AGE [If LESS than	and that death occurred on the date stated above, at 2:446 m,
/ yrs. 5 mos. 9 de or min.	The CAUSE OF DEATH * was as follows:
0.11000004.0000004	
B OCCUPATION (a) I rade, profession or	my ping wigh
particular kind of work (b) General nature of industry	
business, or establishment in	(Duration) yrs, 2 mos 22 ds.
Which employed or (employer)	Contributory Bronchy Pullimonia
9 BIRTHPLACE (State or country)	Secondary
They, Hey	(Duration)
10 NAME OF RATHER A RANGE	(Signed) M, D.
11 BIRTHPLACE	March 27, 1923 (Address) 4100 Edmondron Cen
OF FATHER  (State or country)  OF FATHER  (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
D. 12 MAIDEN NAME	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Irans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or Country) Ralto Jul	At place in the of deathyrsmosds, Stateyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
A Kayman Corter	Former or usual res.dence
(Informant)	19 PLACE OF BURIAL ORTHONOVAL DATE OF BURIA
(Address)	ondow ark Mar 297 30
15 3/06 20 Allalin dans	20 UNDERTAKER ADDITESS
Filed 18 1950 Aff Manual Registras	lights am 1 / 18 1723 Valace offe
If more b.anks are needed, addre.s tate Registrar	16 W. Saratoga St., Balto, Requesting V. S. 100
li moral and magnetic and megistration	

(Approved by U. S. Census and American Fublic Ealth Association.)

er," etc., without more precise specimence. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an sary to Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e g.. Farmer or Planter, tion applies to c ch and every person, irrespective cf whatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully em-Never return "Laborer," "For man," "Nianager," "Dealworked on may form part of the second statement. or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enheusehold only (not paid Housekeepers who receive a For many occupations a single word or term on know (a) the kind of work and also (b) the yrs). For persons who have no occupation Locomolive engineer,

Strtement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of death "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. st.ted unless important. Example: Measles (disease approved by Committee on atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic valvular heart disease; etc. The contributory affection need Nomenclature of the

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/	1	, se
1	CORD	EXACTI ly classif fleate.
MARGIN RESERVED FOR BINDING	WRITE I IN WITH UNFADING INK-THIS IS A PERMANENT CORD	Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, CIANS should state CAUSE OF BEATH in plain terms so that it may be proporly classified statement of OCCUPATION is very important. See instructions on Back of certificate.

PLACE OF DEATH  County Bally	Of White 2800 St. Paul.  Of CO STATE OF MARYLAND  CERTIFICATE OF DEATH
Village or City Ridgemond (No. BET  2FULL NAME Mannie Coches	Registration Dist, No. ———————————————————————————————————
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fismale While Wipowed (Write the word)	16 DATE OF DEATH Value 19h , 1930 (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I Attended the deceased from 22 1929 to ally 7, 19230 that I last say h Maliye on Say 1 16 , 19230
7 AGE    Tage   If LESS than   I dayhrs.   ormin.?	and that death occurred on the date stated above, of
(a) Trade, profession or particular kind of work (b) General nature of industry	Oll. / Ephruhs
business, or eatablishment in which employed or (employer)  BIRTHPLACE (State or country)  Mult	Contributory Secondary  Ouration yrs. mos. ds.
10 NAME OF FATHER Walter Ocquos	(Signed) Nalli H-While The M. D. 1/17/20 192 (Address) 2800 Fraul St
(State or country) Gree field Mode  (State or country) Gree field Mode  12 MalDEN NAME OF MOTHER  Mary  Dary  Dary	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfers or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Carsofield Med.	At place of death
(Informant) Eva Boy Les	former or usual residence  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Beechveld re	Lowdon Bull Jam. 20, 19.30
15 Filed Jary 19 1930 Gettor Kreffer Registros	20 UNDERTAKER  We me Cole 2/7 Sto Paul
If more blanks are needed, address ttate Negistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

cupation is very important, so that the relative health-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Ilousewife, Ilouseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "For man," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, tion applies to each and every person, irrespective ci whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material first line will be sufficient, e. g. Farmer or Flanter, or At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation Locomolive engineer, But in many

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"E:haustion," "Heart failure," "Hemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease st\_ted unless important. Example: Measles (disease approved by accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar; or intercurrent) Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, Chronic interstitial nephritis, (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Committee on Nomenclature of the Chronic valvular heart disease; nephritis, etc. The contributory affection need not be

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Village or City Cockeysville (No			OF DEATH	***************************************	
PERSONAL AND STATISTICAL PARTICULARS  3 SEX	Vi				
Female White Single MARRIED, WIDOWED, OR DIVORCED (Write the word)  6 DATE OF BIRTH  (Month) (Day) (Year)  7 AGE  About 60 yrs. — mos. — ds. If LESS that I day hrs or min.  8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (Nate or country)  Cockeysville, Md.  10 NAME OF FATHER Peter F. Cockey  11 BIRTHPLACE OF FATHER (State or country) Cockeysville, Md.  12 MAIDEN NAME OF MOTHER Elizabeth R. Hutchins 13 BIRTHPLACE OF MOTHER Elizabeth R. Hutchins 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Miss S. Belle Cockey		2FU	LL NAMEE	lla Gis	t Cockey
Female White Widowed ON DIVORCED (Write the word)  6 DATE OF BIRTH  (Month) (Day) (Year)  7 AGE  About 60 yrs. — mos. — ds. or min.  6 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (Ntate or country)  1D NAME OF FATHER Peter F. Cockey  11 BIRTHPLACE (State or country) Cockeysville, Md.  12 MAIDEN NAME OF MOTHER (State or country) Cockeysville, Md.  13 BIRTHPLACE OF MOTHER Elizabeth R. Hutchins  13 BIRTHPLACE OF MOTHER (State or country) Cockeysville, Md.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		PERSOI			
(Month) (Day) (Year)  7 AGE  About 60 yrs mos ds. or min.  8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (Nate or country)  Cockeysville, Md.  1D NAME OF FATHER Peter F. Cockey  11 BIRTHPLACE OF FATHER (State or country) Cockeysville, Md.  12 MAIDEN NAME OF MOTHER Elizabeth R. Hutchins 13 BIRTHPLACE OF MOTHER (State or country) Cockeysville, Md.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Miss S. Belle Cockey				WIDOWED,	
About 60 yrs ds. or lday hrs or min  6 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  1D NAME OF FATHER Peter F. Cockey  11 BIRTHPLACE OF FATHER (State or country) Cockeysville, Md.  12 MAIDEN NAME OF MOTHER Elizabeth R. Hutchins 13 BIRTHPLACE OF MOTHER (State or country) Cockeysville, Md.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Miss S. Belle Cockey	6	DATE OF BIR	тн		
About 60 yrs ds. or lday hrs or min  6 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  1D NAME OF FATHER Peter F. Cockey  11 BIRTHPLACE OF FATHER (State or country) Cockeysville, Md.  12 MAIDEN NAME OF MOTHER Elizabeth R. Hutchins 13 BIRTHPLACE OF MOTHER (State or country) Cockeysville, Md.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Miss S. Belle Cockey					, 1
business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  1D NAME OF FATHER Peter F. Cockey  11 BIRTHPLACE OF FATHER (State or country) Cockeysville, Md.  12 MAIDEN NAME OF MOTHER Elizabeth R. Hutchins  13 BIRTHPLACE OF MOTHER (State or country) Cockeysville, Md.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Miss S. Belle Cockey	) (P	occupation a) Trade, pr articular kin	ofession or d of work		_ds. ormin.;
OF MOTHER  (State or country) Cockeysville, Md.  12 MAIDEN NAME OF MOTHER Elizabeth R. Hutchins  13 BIRTHPLACE OF MOTHER (State or country) Cockeysville, Md.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Miss S. Belle Cockey	)_v	values, or e	stablishment in ed or (employer)	sville	Md.
OF FATHER (State or country) Cockeysville, Md.  12 MAIDEN NAME OF MOTHER Elizabeth R. Hutchins 13 BIRTHPLACE OF MOTHER (State or country) Cockeysville, Md.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Miss S. Belle Cockey		FATHER	Peter F.		
of Mother Elizabeth R. Hutchins  13 BIRTHPLACE OF MOTHER (State or country) Cockeysville, Md.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Miss S. Belle Cockey	TS	OF FATH (State of	IER	sville,	Md.
13 BIRTHPLACE OF MOTHER (State or country) Cockeysville, Md.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Miss S. Belle Cockey	Z U		BIA E		
(Informant) Miss S. Belle Cockey	4			h R. Hu	tchins
	PA	OF MOTH 13 BIRTHPI OF MOTH (State of	LACE HER COUNTRY) Cockey	sville,	Md.
	PA	OF MOTH 13 BIRTHPI OF MOTH (State of	LACE HER T country) Cockey IS TRUE TO THE BEST	sville,	Md.

06450 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward	(If death occurred in a hospital or institu- tion, give its NAME is- stead of street and number.)

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH June 14, 1230
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from
that I het saw h
and that death occurred on the date stated above, at 10 10 n
The CAUSE OF DEATH, * was as follows:
Delation VIII he out
(Examinan) Gally)
VIII. Dance
(Duralign) WOM d
Contributory Secondary
(Duration) via mos d
(Signed) Som Jg Ban on Som, I
Junt 1929 (Address) Caol supolla my
*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents)
At place of deathyrsmosds. In the Stateyrsmosd
Where was disesse contracted, if not at place of dea.h?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Sherwood P. E. Cemetery 6/19, 1930
20 LINDERTAKER A ADDRESS

If more blanks are needed, address ttate Registrar, 16 W. Saratoga St., Balto., Kequesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a tired 6 yrs .. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. er," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed as Al school, or Al home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Collon mill; (a) Salesman. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthlaborer, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on Farm laborer. Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Coal mine, etc. (6) Grocery; Wom-

Strtement of Cause of Death—Name, first, the DISEA DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrost inal meningitis"; Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. atic), American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury. Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Agc," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anacmia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Example: Measles (disease Nomenclature Mcasles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

C. S. No. 1

Z

PLACE OF DEATH	14654 STATE OF MARYLAND
	CERTIFICATE OF DEATH
County Baltimore	Registration Dist. No. 38
Sheppard and Enoch Pratt Hospi	tal
Village or City Towson (No	tion, give its NAME in-
2FULL NAME Brent Edwarf	Coffman stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED	16 DATE OF DEATH Securber, 20. , 1980
M. W. WHOWES, OR DIVORCED (Write the word)	(Month)——(Day)——(Year)—
(Write the word)	17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	November 22, 1930. to December 20., 1930.
March 7, 1886	that I last saw here alive on December 20 , 1920
(Month) (Day) (Year)	and that death occured on the date stated above, at 325 A.m.
7 AGE If LESS than	
44 yrs. 9 mos. 15 ds. or 25 min.?	The CAUSE OF DEATH * was as follows.
	Parela : will Perchant Lendilli
(a) Trade, profession or	Psychosis with Cerebral Lyphilis
(a) Irade, profession or Pringgest	
(b) General nature of industry business, or establishment in	(Duration) 2 yrs. mos. de.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
(State or country) Dayton, Va.	Out of William
TO NAME OF FATHER WILL C. C. C.	(Signed)
my or coff mun.	192 (Address) Towson, Maryland
OF FATHER	*State the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
Z (State or country) Virguia	Accidental, Suicidal or Homicidal.
of MOTHER AND Early	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	At place
OF MOTHER	of deathmosds.
(State or country)  14 THE ABOVE IS TRUE TO THE LEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Mo sen Lidsunc	Former or
(Informant) Hospital Records	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
nulate of the	10 1 mil 1 100 7.7 30
(Address) MM Cleshur 1	ADDRESS (V
Filed C 20 190 MM P. Outer Of	Just Muterell for Moo Entage
If more branks are needed, address State Registre	ar, 16 W. Saratoga St., Balto., Requesting V.S. No. 1.
u .	

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as may laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farrer or Planter, fulness of various pursuits can be known. tired 6 yrs). state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH. Howemuid, etc. If the occupation has been changed garri in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Physician, business, that fact may be indicated thus; Furmer (re-Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) fracery; eman, (b) Automobile factory. The insterial Compositor, For persons who have no occupation Architect, Locomotive engineer, The ques-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Group"); Typhoid fever (never report "Typhoid Pneumonia"); Inbar pneumonia. Bronchopneumonia ("Pneumonia")

atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Fixhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma,, tetunus) may be stated under the head of "contributory. carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septieacmia," "PUERPERAL peritonitis," etc. ean be ascertained as the cause. Always qualify ali tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopmeumonia (secondary), (secondary or intercurrent) affection need not be Whooping eough; approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (c. g., sepsis, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-American Medical Association.) ..... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic etc. vabrular heart The contributory " "Shock," disease; etc. , 01

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lthe duta is essential and must be obtained before the certificate is permanently filed.

V.S. No. 1

PLACE OF DEATH County Balto	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Dundalls (No. 33 adas 2FULL NAME Clargarat 7.	ural Blod St.: Ward) a hospital or institu
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. Widow OR DIVORCED (Write the word)	16 DATE OF DEATH  Wee. 8 = 1930  (Month) (Day) (Year)
6 DATE OF BIRTH  not known, 185;  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the decessed from 2 July 25 1930 to Dec 1930 that I last saw her alive on Dec 7 1930
78 yrs. 2 Z   If LESS that   1 day hrs. or min.	s. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry  business, or establishment in	(Duration) 30 yrs. mos. ds
which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF	Contributory Secondary (Quration) yrs moa
FATHER Crowley  11 BIRTHPLACE OF FATHER (State or country)	(Signed)  *State the l'israse Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER PARTY IS BIRTHPLACE	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients ( Recent Residents)
OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of dea' yrs
(Address) 33 adyiral Blod.	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL  It foleflet Gener Ryan Botte to. Well 10, 1930
15 Filed 199/31 192 MMC armone	20 UN DETTAKER  20 UN DETTAKER  Lilly & Zuler Jue 4038 Wolfer
/If more blanks are needed, addrous State Registr	ear, 16 W. Sayatoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, tired 6 yrs). state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housewhatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (re Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. " etc., without more precise specification as Day or At Home, and children, For many occupations a single word or term on Farm laborer, For persons who have no occupation Laborer--Coal mine, etc. not gainfully em-Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaenia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi approved by Committee on Nomenelature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. causing death), 29 ds.; Bro shopnbumonia (secondary), (secondary or intercurrent) affection need unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic Example: Measles (disease The n.ture of the injury, valvular heart disease; etc. The contributory Always qualify all not be of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WITH UNFADING INK--THIS IS A PERMANENT BINDING MARGIN RESERVED FOR AIN

WRITE

PLACE OF DEATH	STATE OF MARYLAND
County Baltimore Co.	CERTIFICATE OF DEATH
Carrel Grone	Registration Dist. No. 44
Village or City Middle PweyNo. Cape	May Mondst: Ward) (if death occurred in
2FULL NAME Frederick Mi	May Ward) (if death occurred in a hospital or institu- tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Manuel OR DIVORCED OR DIVORCED (Write the word)	Jeff (Month) / 5 (Day) (Year) 3
6 DATE OF BIRTH May 4, 1857	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE (Month) (Day) (Year)	and that death occurred on the date stated above, at 57
19 yrs. 4 mos. 11 de. or min.?	The CAUSE OF DEATH * was so follows:
8 OCCUPATION (a) Trade, profession or Petricular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) Zyrs. mos. ds.
9 BIRTHPLACE (State or country) Frederick, Md.	Contributory Secondary  (Duration) yrs mos ds,
10 NAME OF John Cole	(Signed) . Holace M.D.
OF FATHER  (State or country)  12 MAIDEN NAME	*State the Discase Causing Death, or, in deaths from Violent Causes, stats (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Untervien	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trunsients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State of Country) Frederick, Mil	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
(Informant) Wm F. Cole	Former or usual residence
(Address) 2723 M. Lafagellese	Joudn Park Sept 18, 1931
15 Filed Supt. 15 180 July D. Cornelly Registras	20 UNDERTAKER Lickner Sons North Pen
If more blanks are needed, address tat Kogistras	e, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

10129

(Approved by U. S. Census and American Fublic Health Association.)

laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to e.ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on But in many (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospidal fever (the only definite synonym is "Epidemiz cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "Ethaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of theinjury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondar or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently field.

BINDING

Exact

Every Item of Information should be carefully supplied ACE should be stated EXACTLY, P CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT ~ FOR ITH UNFADING INK---THIS IS MARGIN RESERVED

>	
Z	
EF	
WRITE	
>	

Every Item of CIANS should

2

PLACE OF DEATH	10130 STATE OF MARYLAND CERTIFICATE OF DEATH
County Let unive	Registration Dist. No. 3
Village or City Cockgowske (No	St.: Ward) (If death occurred in a hospital cr institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH  (Month)  (Day)  (Year)	that I last saw har Mill ble Bern (deel, 1020.
7 AGE STUBORN (7/2 Ones) If LESS the I day he or mir	The CAUSE OF DEATH * was as follows:
(State or country)  Soccupation  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE  (State or country) Ballo Co Mile	Contributory of Pyana Secondary  (Duration) yrs mos de
10 NAME OF FATHER Howard C. Cofe  11 BIRTHPLACE OF FATHER (State or country) Ballo Co mal  12 MAIDEN NAME OF MOTHER (State or country) Ballo Co mal  13 BIRTHPLACE OF MOTHER (State or country) Ballo Co mal	(Signed)
(Informant) Howar C. Bake  (Address) Collegardle Mark  Filed Space 1930 Jef Drach MR	if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS  ADDRESS  LATHUR CORPUSABLE PLANTER  LATHU

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

9. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the Spinner, (b) Collon mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. the first line will be sufficient, e. g. Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealtired 6 yrs). business, that fact may be indicated thus; Farmer (no gaged in domestic service for wages, as Servent, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, whatever, write None. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed Salesman. person, irrespective of Locomotive engineer, But in many (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthoria (avoid use of "Croup"); Diphthoria (avoid use of "Croup"); Johan pneumonia. Bronchopneumonia ("Pneumonia");

"(Exhaustion," "Heart Innure,
"(Inanition," "Marasmus," "Old Age," "Shock,"
"(Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory. or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles inges, peritonacum, etc., Carcinoma, Sarcoma, unqualified, is indefinite); Tuberculosis of lungs, menapproved by as fracture of skull, and consequences (e. g., sepses, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head -homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-Chronic interstitial nephritis, Whooping cough; (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) .... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) Committee on Chronic valvular heart etc. affection Nomenclature The contributory need not disease; etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A. I the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

N. B.

	PLACE OF DEATH County Ballo	06451 STATE OF MARYLAND CERTIFICATE OF DEATH
V	illage of the same Con Con	Registration Dist. No.  St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	SEX 4 COLOR OR RACE SINGLE, MARRIED, MIDOWED MANUEL OR DIVORCED (Write the word)	16 DATE OF DEATH /8 - , 1930 (Year) (Year)
6	Seft 3 , 1859 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I arrended the deceased from 1230, to 1830, that I last saw hely alive on firms 18-, 19330,
	70 yrs. 9 mos. 15 ds. If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
	(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	Allahanna
9	Which employed or (employer)  BIRTHPLACE (State or country)  Manchchank Pa	Contributory Cholicy Chilip Secondary  (Duration) yis nos 5 ds.
	10 NAME OF FATHER GENGLE Thangles	Signed) A Javen To. Harber M. D.
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	OF FATHER (State or country)	*State the Lisesse Causing Beath, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
0 4	OF MOTHER 7	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathmosds. In the Stateyrsmosds. Where was disease contracted,
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?  Former or usual residence
	(Informant) 12 Comma Coccini (Address) 8/3 E st.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Manch Chambe Pa June 21, 1930.
1	Filed une 19 19230 9. M. Somice in Registral	John of Denny 715 Light St
	If more blanks are receded, address tate Kegistra	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully em-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housenwid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Housecn at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. etc., Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE (NUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature "(Exhaustion," "Heart taute,
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic valvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospidal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,")

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(Recommendations on statement of cause of death approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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	WRITE PLAINLY, WITH UNFADING INKTHIS IS A PERMANENT I	N. BEvery Item of information should be carefully supplied. ACE should be stated CIANS should state CAUSE OF DEATH in plain terms so that it may be properly statement of OCCUPATION is very important. See Instructions on back of certifications.
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	MA	uid jay bag
MARGIN RESERVED FOR BINDING	PER	it n
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V. S. No. 1

PLACE OF DEATH	05246 STATE OF MARYLAND
County Ballinne	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Games. (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME Holydon S.	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male A COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH , 193
6 DATE OF BIRTH  Mark 15, 1898  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 that I last saw h amalive on 192 192 192 192 192 192 192 192 192 192
7 AGE   If LESS than	and that death occurred on the date stated above, at
3 2 yrs. 2 mos. / ds. or min.	The CAUSE OF DEATH * was as follows:
occupation (a) Trade, profession or particular kind of work (b) General nature of industry	in hat, (Sincely)
business, or establishment in which employed or (employer)	(Duration)yrs,mosds,
9 BIRTHPLACE (State or country) Zongold Va.	Contributory Secondary Corone, do.
10 NAME OF Key Compton	(Signed) taling & Milliam M. D.
OF FATHER  (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sally Taylor	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Valore V. C. William	usual residence
(Address) Othalle. M.	Drived Rudy Country May 28, 1930
15 Filed May 27 1980 & E Tuchos Registrar	Will, Mears & Son 805 Whelend,
If more bianks are needed, address State Registra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, to report, specifically the occupations of persons en-Howemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on O. Farm laborer, (b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile foctory. The material At Home, and children, not gainfully em-Laborer-Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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stated unless important. Example: Measles (disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicaemia," "PUERPERAL perilonitis, can be ascertained as the cause. Always qualify all "Exhaustion," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopncumonia (secondary) (secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Inanition, ..... (name origin; "Cancer" is less definite; avoid approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL American Medical Association.) interstitial cough; " "Marasmus, " "Old Age, " "Shock, Committee on nephritis, Chronic valvular heart disease; etc. Nomenclature The contributory Meusles ;

1	County Baltimore				(8)	CERTIFICATE	
1							Dist. No. 30
Village or City Catonsville (No. Edmondso  2 FULL NAME Mary Virginia Con				elsey Award)	[if de a hospi give its of stree		
	PERSO	NAL AND STATIS	TICAL PARTICU	JLARS	ME	DICAL CERTIFICAT	E OF DEATH
3 se	emale	4 COLOR OF RACE White	6 SINGLE, MARRIED, WIDOWED OR DIVORCEO (Write the word)	Single	18 OATE OF OEAT	May (Mon	th) (Day
6 DA	ATE OF BIRT	тн			Than -	BY CERTIFY, That I	lattended de
		Au	gust 21 (Day)	, 1913 (Year)	that I last saw		Mean 1
7 AG	SE.			if LESS than 1 day, hrs.	and that death	occurred on the date	
16 yrs. 8 mes, 24 ds. OR min.?			mes. 24ds.	OR min. ?	The CAUSE OF	PLEATH * was as for	Illows:
	a) Trade, profession, or particular kind of work. Student					***************	
1	t) Trade, profes	ssion, or Stu	dent		Otil	is Thedra	
O (b	k) Trade, profes irticular kind o o) General natu	f work Stu re of industry	dent	************************	Duy	oearditin	
D pa O (b Wh	n) Trade, profes irticular kind o o) General natu isiness, or est tich employed (	f work Stu re of industry ablishment in or employer)	***************************************		***************************************	o ear ditir	on)
D pa O (b Wh	n) Trade, profes irticular kind o o) General natu isiness, or est tich employed (	f work STU re of industry ablishment in	***************************************		Contributory	o ear ditir	on) yrsyg
O (b)	n) Trade, profes irticular kind o o) General natu isiness, or est tich employed (	f work Sture of industry ablishment in or employer)	***************************************		Contributory	Durallo Durallo Durallo Durallo Durallo Durallo Durallo	on) yrs general yrs grant
BNTS BI	a) Irade, profes irlicular kind o ) General natu siness, or est ich employed ( IRTHPLACE (State or coul	f work Sture of industry ablishment in or employer)	re, Md.		Contributory Secondary  (Signed)  State the	O ear doti- (Durallo  Para Le L  (Durallo  (Du	on) yes le
O (b)	1) Irade, profes irilicular kind o ) General naiu isiness, er est ich employed ( IRTHPLACE (State or coul  10 NAME ( FATHE  11 BIRTHP  OF FAT (State  12 MAIDER  OF MC	f work Sture of industry abdishment in or employer)  oury Baltimo  OF Robert M  LACE Baltimo  OF COUNTRY DITHER Laura	re, Md.	rt	Contributory Secondary  (Signed)  State the CAUSES, State (SUICIDAL OF HO)  18 LENGTH OF RE:	O ear deta.  (Durallo para le la companio de la companio del companio de la companio del companio de la companio del companio de la companio del companio de	pn) yrs le
RENTS HE OF SE	10 lrade, profes rilicular kind a ) General natu siness, or est ich employed ( IRTHPLACE (State or count  10 NAME of FATHE  11 BIRTHP OF FAT 12 MAIDER OF MC	f work Sture of industry ablishment in or employer)  atry) Baltimo  F Robert M  LACE Baltimo  or country)  N NAME Laura	re, Md Conner		Contributory Secondary  (Signed)  State the CAUSES, State ( SUICIDAL OF HO)  18 LENGTH OF RE: OR RECENT RESI At place of desth	(Durallo Durallo Durallo (Durallo Durallo (Durallo Durallo Durallo Durallo Durallo Durallo (Address) 715  DINEASE CAUSINO DURALLO (FOR HOSPITA DENTS)  In 1985. 48.	pn) yrs le
PARENTS HA	10 Irade, profestricular kind of the control of the	f work Sture of industry ablishment in or employer)  atry) Baltimo  OF Robert M  LACE Baltimo  OF COUNTRY)  N NAME Laura  LACE Balt  OF COUNTRY)  S TRUE TO THE BES	re, Md Conner re, Md. V. Lehne imore, Md	edge	Contributory Secondary  (Signed)  State the CAUSES, State ( SUICIDAL OF HO)  18 LENGTH OF RE: OR RECENT RESI At piece of death	(Durallo (Durallo )  Control (Durallo )  (Durallo )  (Durallo )  (Durallo )  (Durallo )  (Durallo )  (Ourfaile )  (Ourfail	pn) yrs leavel frederical form (2) whether (2) the state of the conditions of the co
PARENTS BE	10 Irade, profestricular kind of the control of the	f work Sture of industry ablishment in or employer)  oury Baltimo  of Robert M  LACE Baltimo  or country)  N NAME Laura  LACE Baltimo  or country)  S TRUE TO THE BES  Mr. Robert	re, Md. Conner re, Md. V. Lehne imore, Md	EDGE	Contributory Secondary  State the CAUSES, state ( SUICIDAL OF HO)  18 LENGTH OF RE: OR RECENT RESI At piece of death	(Durallo Durallo Durallo (Durallo Durallo (Durallo Durallo Durallo Durallo Durallo Durallo (Address) 715 (Address)	pn) yrs leavel frederical form (2) whether (2) the state of the conditions of the co
PARENTS BE	10 lrade, profes rilicular kind o rilicular kind o o General natu siness, er est sich employed ( IRTHPLACE (State or coun  10 NAME ( FATHE  11 BIRTHP OF ACT (State  12 MAIDER OF MOT (State HE ABOVE !  (Informant)	f work Sture of industry ablishment in or employer)  oury Baltimo  of Robert M  LACE Baltimo  or country)  N NAME Laura  LACE Baltimo  or country)  S TRUE TO THE BES  Mr. Robert	re, Md.  Conner  re, Md.  V. Lehne  imore, Md  TOF MY KNOWL  M. Conne  Ave. at I	ence er Delrey Av	Contributory Secondary  State the CAUSES, state ( SUICIDAL OF HO)  18 LENGTH OF RES OR RECENT RESI At pisce of death	(Durallo (Du	on) yes leaden yes lea
PARENTS	10 lrade, profes rilicular kind o rilicular kind o o General natu siness, er est sich employed ( IRTHPLACE (State or coun  10 NAME ( FATHE  11 BIRTHP OF ACT (State  12 MAIDER OF MOT (State HE ABOVE !  (Informant)	f work Sture of industry ablishment in or employer) Baltimo or employer Marry Baltimo or country by NAME Laura Lace Baltimo or country Balt Edmondson Catonsvill	re, Md.  Conner  re, Md.  V. Lehne  imore, Md  TOF MY KNOWL  M. Conne  Ave. at I	ence er Delrey Av	Contributory Secondary  State the CAUSES, state ( SUICIDAL OF HO)  18 LENGTH OF RES OR RECENT RESI At pisce of death	O ear dota  (Durallo  Para Lett  (Durallo  (Addrsss) 715  (Para Causino Davin  (Addrsss) 715  (Para Causino Davin  (Addrsss) 715  (Para Causino Davin	Frederi (2) whether (1s. Institution (1s. Institution (1s. Institution

[Approved by U. S. Census and American Public Health Association.]

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Statement of Cause of Death—Name, first, the DISPASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."); Lohar pneumonia. Bronchapneumonia ("Pneumonia."); Lohar pneumonia.

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PLACE OF DEATH	
County Balto. Cu.	

#### STATE OF MARYLAND CERTIFICATE OF DEATH

0. 4	Registration Dist. No.
Village or City Rustinstown (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Charles albert Con	tion, give its NAMF. instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White Single, MARRIED, WIDOWED. OR DIVORCED (Write the word) Single	(Month) 15 (Date of Dearth (Month) 1973 (Organ) 3, 17 HEREBY CERTIFY. That I attended the deceased from
6 DATE OF BIRTH  (Month)  (Day)  (Year)	17 / HEREBY CERTIFY, That I attended the deceased from
7 AGE   If LESS than	and that death occured on the date stated above, at
6-3 yrs. 10 mos. 12 ds. or min.	Class Case of Succeed
a OCCUPATION (a) Trade, profession or particular kind of work  Carpenter	for Hourself hinself
(b) General nature of industry business, or establishment in which employed or (employer)	Hules Duration) yrs mos ds.
9 BIRTHPLACE (State or country) Balty, Co. Md.	Contributory Secondary Sec
10 NAME OF William alfaed Constantine	(Signed) M. D.
OF FATHER  (State or country)  Balty. Co.	*State the Disease Causing Death, for, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of Mother genobia Jarnah	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
of MOTHER (State or country) Mary Land.	At place of death yrs
14 THE ABOVE IS TOUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?  Former or usual residence

If more blanke are needed, address State Registrar, 16 W. Saratoga St., Kalto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servent, Cook ployed, as At school, or At home. Care should be taken er," etc., should be used only when needed. As examples : (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, Spinner, (b) Cotton mill; (a) Salesman. (b) sary to know (a) the kind of work and also (b) the Civil engincer, the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Locomotive engineer, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile Stotionary fireman, etc. But in many factory. The material The ques-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Group?); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

"Debility" ("Congenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory" carbolic acid probably swedle. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL seplicacmia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage can be assortained as the cause. Always qualify all "Uraemia," "Wcakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary). Whooping cough; Chronic Chronic interstitial nephritis, inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of . . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant ncoplasms); Measles; American Medical Association.) unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY etc. valvular heart Nomenclature The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A the data is essential and must be obtained before the certificate is permanently filed.

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	(13970
PLACE OF DEATH	STATE OF MARYLAND
County (Salfimore	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City ( Freghton) (No. Has	Colla Ward)  (If death occurred is a hospital or institution, give Its NAME in stead of street annumber.)
FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Tylik (Spite word)	16 DATE OF DEATH Offil / M. (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the decemed from
march 2) - 1866	
(Month) (Day) (Year)	that I last saw halive on, 192
6 L yrs mos. 5 ds. or min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work	Revolves wound in head
(b) General nature of industry business, or establishment in	And the state of t
which employed or (employer)	(Durstion)yrs do
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE  11 BIRTHPLACE	Contributory Secondary  (Signed)  (Signed)  (Signed)  (Address)  (Address)
OF FATHER Z (State or country) Servacy	*State the Usease Causing Death, er, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Unknown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or country)	ients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Mrs. (Buy 4. Cooks	usual residence
(Address) Brighton Ind	Joudon Cark Cen At 4, 1982
Filed May 2 1930 & EE Michaels Registrar	John allrich 2008 alleans
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Loconotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative healthwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an tion applies to cuch and every person, irrespective of Statement of Occupation-Precise statement of octo report specifically the occupations of persons enployed us At school, or At home. Care should be taken en at home, who are engaged in the duties of the Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. (b) (b) Automobile factory. The insterial The ques-Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal Strtement of Cause of Death-Name, first, the DISferer (the only definite synonym is "Epidemic cerebro-EASE CAUSING DEATH (the primary affection with respect Typhoid fever (nover report "Typhoid Pneumonia") to time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,"

> atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inamition," "Marasmus," "Old Age," "Shock," stated unless important. American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and eonsequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injumy State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., whon a definite disease tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcona, etc., o. unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Whooping cough; Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. valendar heart The contributory disease;

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all questions

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V. S. No. 1

N.	<b>E</b>	Y, PHYSi- fied. Exact
	CORD	EXACTI y classi
D FOR BINDING	HIS IS A PERMANENT CORD	lied. ACE should be stated EXACTLY, PHYSI-ms so that it may be properly classified. Exact
D FOR	HIS IS A	lied. ACE ms so tha

	PLACE OF DEATH	14656 STATE OF MARYLAND CERTIFICATE OF DEATH
	A. 1 108	93 Registration Dist. No. 35
	Village or City Trellaud, IL NNo. 2FULL NAME George Wesley	St.: Ward) (If death occurred in a hospital or institution, give Its NAME instead of street and number.)
4	PERSONAL AND STATISTICA PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Made Hute Single, MARRIED, WIDOWED. OR DIVORCE (Write the word)	16 DATE OF DEATH Dec 76, 1930
	6 DATE OF BIRTH  May  (Mo(th) (Day) (Year)	that I last raw h Maire on 1936
	7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, at
19 10 0	(a) Trade, profession or particular kind of work  (b) General nature of industry	agg apoples
	business, or establishment in which employed or (employer)	Contributory Secondary
	(State or country) Bello Co Med.	(Signed) (Si
	OF FATHER  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of Miller Pleco Mayo'	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	OF MOTHER (State or country) Doubt Culow	At place of death
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?  Former or usual residence
	(Informant) I (any 15, 2000) (Address) Frailand Mid R. D. 7	uddletoury Balt to Jus. Det of Burial
	Filed Dec 29 190 Samue S. Miller Registrar V	La lour bus Tuniemake Med Bein Mes-
1	If more banks are needed, addre a State Kegistran	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, additional line is provided for the latter statement; it definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. to report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm luborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DISEALS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-inges, perionaeum, etc., Carcinoma, Sarcoma, etc., of (secondary Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, or intercurrent) affection need not be ess important. Example: Measles (disease Chronic valvular heart disease; nephrilis, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County LOULOW  Village or City Relay (No	(12608 STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 45  St.: Ward) (If death occurred in a hospitul or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Make while (Write the word)  13 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED WIDOWED (Write the word)	16 DATE OF DEATH March 26, 1936  (Month) (Day) (Year)
G DATE OF BIRTH  (Month)  (Day)  (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE Sayrs. 4 mos. 26 ds. or min.?	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession or particular kind of work	Burn Comment C
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country) Manual Goofur  10 NAME OF FATHER GOOFUR  OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address) Offundal Manual Goofur (Address) Offundal Manual Goofur (Address) Offundal Manual Goofur Goofur (Address)	(Signed)

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servont, Cook work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salcsman. (b) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a doorer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. " etc., without more process of mine, etc. Wom-borer, Form laborer, Laborer—Coal mine, etc. Wom-Foremon, For many occupations a single word or term on yrs .. For persons who have no occupation (b) Automobile foctory. The material Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Lightheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pncumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Uraemia," "Weakness," etc., when a definite disease Always qualify all "Exhaustion," "Heart ranure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. American Medical Association.) approved (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. diseases can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dapsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy." "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping ..... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as by Committee on Nomenclature cough; Chronic Example: Meosles (disease etc. The contributory valvulor heart Measles; discase;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH County Ballimore	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 44
Village or City (Sengres (No	St: Ward)  (If death occurred in a hospital or institution, give its NAME is stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colored Single, MARRIED, Infand OR DIVORCED (Write the word)	16 DATE OF DEATH Jebruary 5 , 1980 (Month) (Day) (Year)
G DATE OF BIRTH  February 5, 1930  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I nttended the deceased from
7 AGE   If LESS than   1 dayhrs. ormin.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or Infand particular kind of work	Juesperal Teplicaemia
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)ds.
9 BIRTHPLACE (State or country) Ballimore County Md  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (Control of the country)  11 Control of the country of the	(Signed) fasale form and alarmed M. D.  192 (Address) Lemmas Pulas  *State the Disease Causing Death, or, in deaths from
(State or country) Antanown  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country) Rolling are Country Md	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents)  At place In the State yrs de.
(Informant) Harry Reed	Where was disease contracted, if not at place of dea h?  Former or usual residence
(Address) Bengies	gravel am Cemetery Jeb. 9, 1930
Filed Leb. 9 1930 John J. Connelly Registral	Harry Rud Dengus
If more banks are needed, address tate legistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to c:ch and every person, irrespective ci Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealgaged in domestic service for wages, as Servant, Cook, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The For many occupations a single word or term on specifically the occupations of persons en-For persons who have no occupation material

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal main meningitis"); Diphtheria (avoid use of "Croup"); Inpuboid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

American Medical Association.) inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death causing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar or intercurrent) affection need not be st.ted unless important. Example: Measles (disease ..... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature and qualify as Accidental, suicidal or Homicidal, taken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

N. B.--

PLACE OF DEATH  County Bulto	08953 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Franklinville (No	St.: Ward)  St.: Ward)  (if death occurred is a hospital or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
7 AGE  Month  Mo	han hrs. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or eatablishment in which employed or (employer)  9 BIRTHPLACE (State or country)  1 10 NAME OF	Contributory Secondary (Duration)
of FATHER Jawynce w Come of FATHER (State or country)  FATHER  State or country)	(Signed) M. I. Carry 7Z 198 (Address) W. I. Carry 7Z 198 (Address) Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Mary & Dollar gr  13 BIRTHPLACE OF MOTHER (State or country)  Md	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death
(Informant) Lawly W Colols  (Address) Franklingshe Md	if not at place of dea.h?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Muon Lain Md \$1, 23, 19 3.
Filed my 22 1920 Told Collins	20 UNDERTAKER ADDRESS ADDRESS

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emlaborer, Farm laborer. Laborer-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an eases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "For man," "Manager," "Deal-Civil engineer, Physician, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs. For persons who have no occupation without more precise specification as Day Compositor, Architect, Stationary fireman, etc. -Coal mine, etc. person, irrespective of Locomotive engineer, But in many Wom-

Statement of Cause of Death—Name, first, the DISEA :: CAUSE OF DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"; Dishtheria 'avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar preumonia, Bronchopneumonia "Pneumonia,"

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Inamition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Caneer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease atie), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomeausing unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway traincan be ascertained as the eause. Always qualify al (seeondary Chronic interstitial nephritis, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY death), 29 ds.; Bronchopneumonia (secondary), cough; or intereurrent) Chronic and consequences (e.g., sepsis, ete. The contributory affection need valvular heart disease; Nomenclature of the not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

County Galto  County Galto  County Galto  Village or City Galdon (No. St.: Ward) (If death occurred in shorphist occurred in shorphi	PLACE O	OF DEATH		STATE OF A	AADVI AND
Village or City Ashbur (No. St.: Ward)  2FULL NAME  PERSONAL AND STATISTICAL PARTICULARS  3 SEX  4 COLOR OR RACE  SHARRIES  MARRIES  MEDICAL CERTIFICATE OF DEATH  16 DATE OF BIRTH  17 I HEREBY CERTIFY, That I attended the deceased from the first particular was as follows:  17 AGE  Month (Day) (Year)  (Month) (Day) (Year)  Ada or min.)  8 OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  10 NAME (P  FATHER STATER (State or country)  11 BIRTHPLACE  OF ATHER  (State or Country)  12 MAJOEN NAME  13 IS BIRTHLACE  OF ATHER  (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  ADAPA ADAPA AND STATES  (Informant)  15 Filed MULY Bt. 1980 M. P. PATHER  (Address) S. M. MALLIA C. P. Calves of death, Jrs. mos. de.  State of death, Jrs. mos. de.  State the Disease Causing Death, or, in deaths from Violent Causes, state (I) Means of injury and (2) Whether Accidents, State (I) Means of injury and (2) Whether Accidents, State (I) Means of injury and (2) Whether Accidents, State (I) Means of injury and (2) Whether Accidents, State (I) Means of injury and (2) Whether Accidents, State (I) Means of injury and (2) Whether Accidents, State (I) Means of injury and (2) Whether Accidents, State (I) Means of injury and (2) Whether Accidents, State (I) Means of injury and (2) Whether Accidents, State (I) Means of injury and (2) Whether Accidents, State (I) Means of injury and (2) Whether Accidents, State (I) Means of injury and (2) Whether Accidents, State (I) Means of injury and (2) Whether Accidents, State (I) Means of injury and (2) Whether Accidents, State (I) Means of injury and (2) Whether Accidents, State (I) Means of injury and (2) Whether Accidents, State (I) Means of injury and (2) Whether Accidents, State (I) Means of injury and (2) Whether Accidents (I) Means o			07677		
PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  SEX  A COLOR OR RACE  S SINGLE, MARRIED, WITCOMESED CWrite the word)  B DATE OF BIRTH  (Month)  (Day)  (Wear)  (Wear)  (Month)  (Day)  (Wear)  (Month)  (Day)  (Wear)  (Wear)  (Wear)  (Month)  (Day)  (Wear)  (Wear)  (Wear)  (Month)  (Day)  (Wear)  (Wear)  (Wear)  (Add and that death occurred on the date stated above, at mention of the date stated above, at	1 1	21-	90	Registration I	Dist. No. 35
3 SEX  4 COLOR OR RACE  SINGLE WINDOWED ON DIVORCED (Write the word)  6 DATE OF BIRTH  17 I HERBY CERTIFY, That I stended the deceased from that I last awh alive on  18 OCCUPATION (a) I Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or Country)  12 MAIDEN NAME OF OMOTHER  13 BIRTHPLACE OF MOTHER  13 BIRTHPLACE (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  15 Filed July BM 198.0 Me. Resoluted And Separation  15 DATE OF DEATH  16 DATE OF DEATH  16 DATE OF DEATH  17 I HERBY CERTIFY, That I stended the deceased from that I last awh alive on  17 I HERBY CERTIFY, That I stended the deceased from that I last awh alive on  18 DATE OF DEATH  19 What I last awh alive on  19 DATE OF DEATH  18 was as follows:  Contributory Secondary  (Durston)  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKEN		le: · · ·	ostastin	St.: Ward)	a hospital or institu- tion, give its NAME in stead of street and
Send White Widowedge Control (Month) (Day) (Year)  TAGE    If LESS than it day has a price of the stated above, at min. The CAUSE OF DEATH was as follows:    Soccupation (a) Irace profession or particular kind of work white employed or (employer)   Destination of the stated above of the stated above, at min. The CAUSE OF DEATH was as follows:    Soccupation (a) Irace profession or particular kind of work white employed or (employer)   Destination of industry business, or establishment in which employed or (employer)   Do NAME OF FATHER (State or country)	PERSONA	L AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE O	F DEATH
(Month) (Day) (Year)  7 AGE  (Month) (Day) (Year)  8 LESS than I last away h alive on 192 to 3 and that I last away h alve on 192 mand that I last I la	Female 1	In 1 1 MARRIED, WIDOWED OR DIVORCED	16 DATE OF DEATH	July	, , , , , , , , , , , , , , , , , , , ,
and that death occurred on the date stated above, at mail day hrs.    Abouth 6 yrs.   mos.   ds.   or min.	6 DATE OF BIRTH	, 1	thid in	CERTIFY, That I atte	Bolto 192
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  BHRTHPLACE (State or country)  10 NAME OF FATHER  (State or country)  11 BIRTHPLACE OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address) J. M.	7 AGE				
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF TATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF (State or country)  13 BIRTHPLACE OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  15 Filed Luly BM 1980 M. Bealing Jan  16 Department of Local Country  18 Department of Residents Applee of death?  19 PLACE OF BURIAL OR REMOVAL (Address)  19 PLACE OF BURIAL OR REMOVAL  10 DATE OF BURIAL  10 DATE OF BURIAL  10 DATE OF BURIAL  11 DATE OF BURIAL  12 DATE OF BURIAL  13 DATE OF BURIAL  15 Filed Luly BM 1980 M. Bealing Jan  16 DATE OF BURIAL  17 DATE OF BURIAL  18 DATE OF BURIAL  19 DATE OF BURIAL  19 DATE OF BURIAL  19 DATE OF BURIAL  19 DATE OF BURIAL  10 DATE OF BURIAL  11 DATE OF BURIAL  12 DATE OF BURIAL  13 DATE OF BURIAL  14 DATE OF BURIAL  15 Filed Luly BM 1980 M. Bealing Jan  16 DATE OF BURIAL  17 DATE OF BURIAL  18 DATE OF BURIAL  19 DATE OF BURIAL  19 DATE OF BURIAL  19 DATE OF BURIAL  20 UNDERTAKER  20 UNDERTAKER  20 UNDERTAKER  20 UNDERTAKER				TH * was as follows:	
business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  12 MAIDEN NAME OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address) J. M.	(a) Trade, profe	of work Housewell	Mylah	on M.H	cal'
Secondary	business, or esta	blishment in	***************************************	(Durstion)	
(Signed).  (Address).  (Signed).  (Signed).  (Signed).  (Address).  (Signed).  (Signed).  (Signed).  (Signed).  (Address).  (Address).  (Signed).  (Signed).  (Address).  (Address).  (Address).  (Signed).  (Signed).  (Address).  (Address).  (Address).  (Signed).  (Signed).  (Signed).  (Address).  (Address).  (Address).  (Address).  (Signed).  (Signed).  (Address).  (Address).  (Address).  (Signed).  (Address).  (Address).  (Address).  (Address).  (Signed).  (Address).  (Address).  (Address).  (Address).  (Address).  (Signed).  (Address).  (Address).  (Address).  (Address).  (Address).  (Address).  (Signed).  (Address).		(1) Laly		(Durstion)	***************************************
*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Informant)  (Address) 5 M Main of Injury and (2) Whether Accidental, Suicidal or Homicidal.  *State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transmients or Recent Residents)  At place of death yrs. mos. ds.  Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE DF BURIAL OR REMOVAL  15 Filed July 18th 1980 M. Replace Area.  20 UNDERTAKEN  ADDRESS  ADDRESS	FATHERC	estantina Salvatore	10 15 5	- Both	to Hall
OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address) 5 11 Maximus Annual Market	OF FATHER Z (State or co	puntry) Haly	*State the Di Violent Causes, st	isease Causing Death, ate (1) Means of Inju	or, in deaths from ury and (2) Whether
At place of death yrs mos, ds.  At place of death yrs mos, ds.  Where was disease contracted, if not at place of death?  (Informant)  (Informant)  (Address) 5 11 main than the state of burial or removal (Address) 5 11 main than the state of death?  Filed tuly 3th 1980 M. Porling or usual residence  20 UNDERTAKER  20 UNDERTAKER  20 UNDERTAKER  At place of death yrs mos, ds.  State yrs mos ds.  Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE DF BURIAL OR REMOVAL  ADDRESS  ADDRESS  Hermandotum F.	of MOTHE	Ronott know			als, Institutions, Trans-
(Informant) Oseph Door time of death?  (Informant) Oseph Door time of usual residence  (Address) 5 w main to Ammedian Weights Centre, Pa fully 16, 1830  15 Filed tuly 18th 1980 M. Borling Dr. Weights Door Humandolum F.	OF MOTHE	R /A fo	of deathyrsm	osds. State	yrsmosds.
Filed fuly 13th 1980 M. Porlies Day Win / Jamen Sons Hummelston F.	(Informant)	Joseph D'Organtine	if not at place of dead Former or usual residence	L OR REMOVAL	DATE OF BURIAL
		15th 1980 M. Penlies 20 1	War Karmen	Jons &	ADDRESS Vermolotom F

(Approved by U. S. Census and American Public a Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more record mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physicium, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day who are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. But in many Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease approved by telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonihis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-Chronic interstitial nephritis, American Medical Association.) Examples: Accidental drowning; Struck by railway-trainperitonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Chronic etc. The contributory affection need not valvular heart disease; Nomenclature of the

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FOR

RESERVED

ARGIN

Registration Dist. No. 3  [If death accurred to a hospital or institution, give its NAME instead of street and number.]  MEDICAL CERTIFICATE OF DEATH  MEDICAL CERTIFICATE OF DEATH
MEDICAL CERTIFICATE OF DEATH
(Month) (Day) (Year)  17   HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)  17 HEREBY CERTIFY, That I attended deceased from
that I last saw him alive on July 2 , 1930 and that death occurred on the date stated above, at 9 % m The CAUSE OF DEATH * was as follows:
Contributory Secondary
(Signed)
SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  Al place le the of deeth
Where was disease contracted, If not at place of death?
20 UNGERTAKER Place 742 W. Forth aug.
\$ 7 · · · · · · · · · · · · · · · · · ·



[Approved by U. S. Census and American Public Health Association.]

6 yrs.) For persons who have no occupation whatever, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers write None. business, that fact may be indicated thus: Farmer (retired taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Houseof the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salosman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon precise specification as Day laborer, Ferm laborer, Laborer is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planler, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-The material worked on may form part Locomotive engineer, (b) Auto-

Statement of Cause of Beath—Name, first, the DISTANE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," Lobar pneumonia, indefinite); Tuberculosis of lungs, menun-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (c. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by earbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent deaths SUICIDAL, OF HOMICIDAL, OF AS probably such, if impossible "PUERPERAL peribonitis," birth or miscarriage cause. Always qualify all diseases resulting fram childmus," "Old Age," "Shock," "Uraemia," "Weakness, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conrent) affection need not be stated unless important cough; Chronic valvular heart disease; Chronic interstitial Struck by railway train-accident; Revolver wound of to determine definitely. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonacum, etc., Corcinoma, Sarcoma, etc., of. (name origin; "Caneer" is less definite; avoid use of The contributory (secondary or intercuras "Puenpenal septishaemia," Examples: Accidental drowning; etc. State cause for which Never report mere (Recommendations "Exhaustion,

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V. S. No. 1

PLACE OF DEATH	07678 STATE OF MARYLAND
County Balluwil	CERTIFICATE OF DEATH
	91-6 Registration Dist. No.
Village or City Ollo (No	St: Ward) (If death occurred in a hospital or institu
2 FULL NAME EMMA CONT	Neter (occlesor) tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH    Solonth   (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
March 1 , 1847	12 192 3d to 1923
(Month) (Day) (Year)	that I last saw h la alive on frage fact, 1921
7 AGE   If LESS than   I day	
yrs. 4 mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
a occupation (a) Trade, profession or	arteris - Scheron
particular kind of work	
(b) General nature of industry business, or establishment in	12 1
which employed or (employer)	(Durstion) yrs, mos ds
9 BIRTHPLACE (State or country)	Contributory Secondary  (Duration) yrs mos ds
10 NAME OF STATES	(Sieged) M. D. Brace M. D.
11 PIPTUPI ACE	Jeg 18 19220 (Address) Telus y 2-1
OF FATHER (State or country)  (State or country)	*State the Diseaso Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER MANUA CIX.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER	ients or Recent Residents)  At place of deathyrsmosds. Stateyrsmosds
(State or Country)	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Wey J. Coulses	usual residence
(Address) Ludre Vall atack	Auro Ridge Tuller July 21, 19 3
15 Filed 7/19 Fre Haberley	O UNDERTAKE
Registrar Registrar	HIL Allettothros 1900 Culaw lace
If more blanks are needed, address Jate Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public, Health Association.)

additional line is provided for the latter statement; it should be used only when needed. As examples: (a) fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery. (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, cupation is state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer, tion applies to cach and every whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Physician, For many occupations a single word or term on Compositor, Architect, Locomotive engineer, seer, Stationary fireman, etc. But in many very important, so that the relative health-For persons who have no occupation person, irrespective of

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perifonitis," etc. "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," - "Senile," etch, "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" thereby symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS state MEANS, OF INJURY (name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; etc. The contributory not be of the

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH tated EXACTLY, Froperly classified. Opertificate. Registration Dist. No. (If death occurred in .....Ward) a hospital or institu-tion, give its NAME instead of street and <sup>2</sup>FULL NAME number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. BINDING WIDOWED, OR DIVORCED Write the word 17 I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH that I last saw h long (Month) (Day) (Year) IfLESS than 7 AGE and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH ERVED ....min.? & OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) ATH mpor Contributory MARGIN 9 BIRTHPLACE (State or country) (Duration) 0 A 10 NAME OF FATHER 00 (Address) 11 BIRTHPLACE on la ENT OF FATHER \*State the Disease Causing Death, or, in heaths from S Violent Causes, state (1) Means of Injury (2) Whether CAU (State or country) and Accidental, Suicidal or Homicidal. 12 MAIDEN NAME C 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-PA Inform state CCUP) ients or Recent Residents) 13 BIRTHPLACE At place of death .....yrs.....mos......ds. In the OF MOTHER State vrs.....mes.... (State or Country) 00 Where was disease contracted, if not at place of death? shou Every item CIANS sho statement Former or usual residence DATE OF BURIAL OF BURIAL OR REMOVAL

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Batto,, Requesting V. S. No. 1.

270

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocsary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neceshousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtired 6 yrs). For persons who have no occupation. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Housemuid, etc. If the occupation has been changed whatever, write Nonc. business, that fact may be indicated thus; Farmer the For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia";

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. approved by Committee on Nomenclature of the (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart disease etc. The contributory " etc.

If this certificate is looked over thoroughly and al questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

3

N. E. Every Item of information should be carefully supplied. ACE should be stated EXAC. CIANS should state CAUSE OF DEATH in piain terms so that it may be properly class statement of OCCUPATION is very important. See instructions on back of certificate. MARGIN WITH UNFADIN IN

WRITE H

V. S. No. 1

INKTHIS IS A PERMANENT CORD	NG INKTHIS IS A PERMANENT LOKD	RESERVED FOR BINDING	CORD EXACTLY,	BINDING PERMANENT (should be stated	SERVED FOR INK-THIS IS A
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PLACE OF DEATH	STATE OF MARYLAND
County Salts.	CERTIFICATE OF DEATH
	Registration Dist. No. 44
Village or City Colq all (No.	Note (St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
2 FULL NAME Celiz. may	Cowan tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Acolor or RACE Single, MARRIED MIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH DEATH, 1930 (Year)
6 DATE OF BIRTH  (Month) (Day), 1980/ (Year)	that I last saw h alive on Selection, 1924,
7 AGE   If LESS than	
yrs. J mos. Z ds. or min.	The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or	Oup / moucheted
particular kind of work	
business, or establishment in	(Durstion) yrs
which employed or (employer)	Convibatory L /Ville US
9 BIRTHPLACE (State or country) Balto 60.	Duration Ote do.
10 NAME OF Jean P. Cowan	(Skeed) (O CANCES M. D.
II BIRTHPLACE OF FATHER (State or country)  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER margant Bobart	18 LENGTH OF RESIDENCE (For Hospitals, institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER A Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
1. P. Cowan	Former or usual residence
(Informant) flame (Address) Quole are Colgate	Trivity Cem. Sept. 18, 1930
15 Filed Sept. 17 1920 Jun G. Connelly Registrary	20 UNDERTAKER Connelly Essex
If more branks are needed, address State Registra	r, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a ," etc., Foreman, For many occupations a or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death peritonacum, etc., Carcinoma, Sarcoma, etc., of or intercurrent) affection need not be Chronic valvular heart disease; nephritis, etc. The contributory

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SEP 18 1930 BUREAU V. S.

County Baltimore	CERTIFICATE OF DEATH
Village or City Towson (No. 404 W.	Registration Dist. No.  JODO Road St.; Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	
Male White SINGLE, WIDOWED Widower OR DIVORCED (Write the word)	MEDICAL CERTIFICATE OF DEATH  16 DATE OF DEATH  (Mouth) (Day) (Year)  17 / I HEREBY CERTIFY, That I attended the deceased from
August 31 , 1 854 (Wonth) (Day) , (Year)	that I last saw him alive on Alc 5, 1934
76 yrs. 3 mos. 5 ds or min. ?	The CAUSE OF DEATH & was as follows:
(a) Trade, profession or particular kind of work.  (b) General nature of industry business, or establishment in which employed or (employer).  9 BIRTHPLACE (State or country)  Baltimore, Maryland	Contributory Reliable Secondary  (Duration)
James H. Cox  11 BIRTHPLACE OF FATHER (State or country) Baltimore, Maryland 12 MAIDEN NAME	(Signed)
OF MOTHER  Margaret Davy  13 BIRTHPLACE OF MOTHER (State or country) Baltimore, Maryland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  At place of death yrs mos da. State, yrs mos da
(Informant) Mrs. John D. C. Duncan  (Address) Seminary Ave., Luthervill	Where was disease contracted, if not at place of death?  Former or usual residence
Filed Lee 6 1920 Do Bytter	Prospect Hill Cemetery 12/7, 19 3 20 ENDERTAKER ADDRESS Henry W. Mears & for 805 M. Calvery



(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook tion applies to each and every person, irrespective of fulness of various parsuits can be known. The quescupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the dutles of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g., Farmer or Planter. whatever, write None. state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-(a) Foreman, (b) Automobile factory. The material tired 6 yrs.). business, that fact may be indicated thus: Farmer (re-Statement of Occupation--Precise statement of oe For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no oecupation

Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Group"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia, Bronchopneumonia ("Pneumonia")

> use of "Tumor" for malignant neoplasms); Measles; inycs, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menhead of "contributory." (Recommendations on statediseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustien," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. causing death), 29 ds.; Bronchopncumonia stated unless important. Chronic interstitial nephritis, etc. The contributory ...... (name origin; "Cancer" is less definite; avoid ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railrow "Puerperal septicaemia," "Puerperal peritonitis," etc. vulsions," FOR VIOLENT DEATHS STATE MEANS OF INJURY (e. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.) Never report more symptoms or terminal Example: Meastes (disease "Coma," "Con-(second-

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AN 8 193

V. S. No.

PLACE OF DEATH	05248 STATE OF MARYLAND
County Baltings	CERTIFICATE OF DEATH
	Registration Dist. No. 3
Village or City Herford (No.	St.: Ward) (If death occurred he a hospit if or institution, give its NAME i.
2FULL NAME John Douglass	cosc stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WHOME Ulute (Write the word)	16 DATE OF DEATH May 20, 1:30  (Month) (Day) (Year)
6 DATE OF BIRTH	1772 I HEREBY CERTIFY, That yattended the deceased from
Coul 15 , 1930 (Month) (Day) (Year)	that I last on h isalive on May 70, 1936
7 AGE [If LESS than	
yrs. mos. 5 ds. or min.?	
e occupation	Bronelio- memorina
particular kind of work	
V(b) General nature of industry business, or establishment in which employed or (employer)	(Marglion) Mo. 7 mos 3 dr
9 BIRTHPLACE	Secondary
(State or country) Bello. Co., Mid.	(Duraya) yrs nos do
FATHER Weller & Cosc	(Signed) A MAN D
M 11 SIRTHPLACE	192) ((Address) 1111 June 1
OF FATHER (State or country)  Balto . C., and	State the Disease Causing Death, or, in deaths Violent Causes, state (1) Means of Injury and (2) bother Accidental, Suicidal or Homicidal.
of Mother Beitle a Esteline	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE	ients or Recent Residents) At place In the
(State or country) Colto. Co., vol.	of death yrs mos ds. State yrs mos ds.  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Walter a. Corc	usual residence  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) nultar red.	Harried Bantist Man 22 134
15 May 12 may 6 m. 1 March To	20 UNDERTAKER ADDRESS
Filed 190 Registrar	Wm. C. Brooks & Sm Sparler, Wed
If more bianks are needed, address State Registra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthlaborer, er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foremon, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemon, etc. But in many whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day The ques-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

> "Exhaustion," "Heart failure,
> "Thanition," "Marasmus," "Old Age," "Shock," accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary) stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury; Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease, ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH  County Palamore  Village or City a fourvillano.  2FULL NAME Javah M.	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 3  Registration Dist. No. 3  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED OR DIVORCED OR DIVORCED (Write the work) 1865	18 DATE OF DEATH  Ly (Month) (Day) (Year) 20  17 THEREBY CATTLEY, That Lattended the deceased from  Lily 30 4 187 ftc. July 180.
(Month) (Day) (Year)	that I last paw her alive on July 1, 1930
SOCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)    BIRTHPLACE (State or country)   Har fort County March     10 NAME OF FATHER   Wallaum Cox     11 BIRTHPLACE (State or country)   U, S, A     12 MAIDEN NAME   12 MAIDEN NAME	and that death occurred on the date stated above, at 33 m.  The CAUSE OF DEATH * war as follows:    Contributory   Contributor
OF MOTHER Susan Day  13 BIRTHPLACE OF MOTHER (State or country)  U.S. A	At place Jyrs mos. Jds.  Where was disease contracted,
(Informant) MS Helight Of  (Address) Helight Of  Filed July (1928 E Modfell)  Registrar	Former or usual residence respect P.O. Harford Co.  19 PLACE OF BURILL OR REMOVAL  DO UNDERTAKER  ADDRESS
	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it business, that fact may be indicated thus; Farme or given up on account of the DISEASE CAUSING DEATH gaged in domestie service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Leborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) should nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a the first line will be sufficient, e.g., Farmer or Planter, Statement of Occupation-Precise statement of octo report specifically the occupations of persons en-Foreman, applies to each and every person, irrespective of or At Home, and children, not gainfully em-For many occupations a single word or term on bc used only when needed. As examples: (a) yrs). For persons who have no occupation Farm laborer, without more precise specification as Day (b) Automobile factory. The material Laborer-Coal mine, etc. Grocery; Wom-

fever (the only definite synonym is "Epidemic cerebra ed term for the same disease. Examples: Cerebrosping EASE CAUSING DEATH (the primary affection with respec Statement of Cause of Death-Name, first, the DIS Lobar pneumonia, Bronchopneumonia ("Pneumonia, Typhoid fever (never report "Typhoid Pneumonic") to time and causation), using always the same accept inal meningitis"); Dinhtheria (avoid use of "Croup")

> (Recommendations on statement of cause of death "(E:haustion," "Heart range,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease causing telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perdonilis," etc. can be ascertained as the cause. "Debility" tions, such as "Asthonia," "Anaenia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stited unless important Chronic interstitial nephritis, use of "Tumor" for malignant neoplasus); taken. (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-.. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi perilonacum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS State MEANS OF INJURY unless important Example: Measles (disease death), 29 ds.; L. hopneumonia (secondary), cough; ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, Chronic etc. The contributory valvular heart disease; affection need Always qualify all Measles ;

caparoved by Committee on American Medical Association.) Nomenclature

Sata Trans It this certificate is looked over thoroughly and all questions red in detail, it will prevent further correspondence. All the is essential and must be obtained before the certificate is nently filed.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more present and mine, etc. Wom-labarer, Farm labarer, Laborer—Coal mine, etc. Wom-Spinner, additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer ar Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, ar At hame. Care should be taken work, or At Hame, and children, not gainfully emdefinite salary), may be entered as Hausewife, Hauseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Physician, Campasilor, Architect, Lacamolive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Hausekeepers who receive a Foreman, (b) For many occupations a single word or term on (b) Cottan mill; (a) Salesman, (b) Grocery; man, (b) Autamobile factory. The material For persons, who have no occupation

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospizat fever. (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Labar pneumonia, Branchopneumonia ("Pneumonia,")

> carbolic acid-probably suicide. The nature of the injury, accident; Revalver waund of head-homicide; Poisoned by or as prabably such, if impossible to determine definitely. "PUERPERAL seplicacmia," "PUERPERAL perilanilis, "(Exhaustion," "Heart range," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Iraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumania (secondary), stated unless important. Example: Measles (disease Chranic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis Examples: Accidental drawning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al (secondary Whooping caugh; unqualified, is indefinite); Tuberculasis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, pcrilonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condior intercurrent) affection need Chranic valvular heart disease; etc. The contributory not be etc., of

this certificate is looked over thoroughly and all questions affivered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Exact

	PLACE OF DEATH
. "	County Jaltenore
Vil	lage or City Cherlea (No. 13
	2 FULL NAME 6 Byabeth 6
1	PERSONAL AND STATISTICAL PARTICULARS
3 5	mule White the word)
3 C	Chulanon 1
	(Month) (Dsy) (Yesr)
7 A	If LESS than I day hrs. or min.?
P (I	accupation a) Trade, profession or articular kind of work b) General nature of industry
ъ	usiness, or establishment in
W	usiness, or establishment in hich employed or (employer)
W	usiness, or establishment in
W	usiness, or establishment in hich employed or (employer)
NTS	BIRTHPLACE (State or country)
ARENTS	10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  12 PARTIES  13 PARTIES  14 PARTIES  15 PARTIES  16 PARTIES  17 PARTIES  18 PARTIES  18 PARTIES  19 PARTIES  10 PARTIES  11 PARTIES  12 PARTIES  13 PARTIES  14 PARTIES  15 PARTIES  16 PARTIES  17 PARTIES  18 PARTIES  18 PARTIES  19 PARTIES  10 PARTIES  10 PARTIES  11 PARTIES  12 PARTIES  13 PARTIES  14 PARTIES  15 PARTIES  16 PARTIES  17 PARTIES  18 PARTIES
W	10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME OF State of country)  13 MAIDEN NAME OF STATES OF ST
PARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  14 MIDEN NAME OF MOTHER  15 BIRTHPLACE OF MOTHER  16 MOTHER  17 MAIDEN NAME OF MOTHER  18 BIRTHPLACE OF MOTHER  19 MOTHER  10 MOTHER  11 BIRTHPLACE OF MOTHER  11 BIRTHPLACE OF MOTHER  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  14 MAIDEN NAME OF MOTHER  15 BIRTHPLACE OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER

STATE OF MARYLAND 08954

CERTIFICATE OF DEATH
Registration Dist. No. 43
St.: Ward)  (If death occurred in a hospital or institution, give Its NAME instead of street and number.)
MEDICAL CERTIFICATE OF DEATH
DATE OF DEATH  (Month) (Day) (Year)
HEREBY CERTIFY, That I attended the deceased from
d that death occurred on the date stated above, at 5.43 m.
I fine of fall black
Contributor Cutt and application
(Duration) yes mos de,
Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
place death yrs ds. ds. State yrs toos ds.  lete was disease contracted, not at place of death?
not at place or dealing
Though leeney rey 8, 19 30
UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Registing V. S. No. 1.

V. S. No. 1

N. B.

(Approved by U. S. Census 2nd American Public Health Association.)

laborer, tired 6 yrs). business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman, (b) Groccry; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) the first line will be sufficient, e.g., Farmer or Planter, cupation is very important, so that the relative healthwhatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-"," etc., without more precise specification as Day borer, Farm laborer, Laborer—Coal mine, etc. Womor At Home, and children, not gainfully em-For many occupations a single word or term on Compositor, Architect, Locomotive engineer, For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

tetanus) may be stated under the head of "contributory." approved by Committee on accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Weakness," etc., when a definite disease "Exhaustion," "Heart Laure," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L stated unless important (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid cough; Chronic Example: Meusles (disease chopneumonia (secondary), The n .ture of the injury, etc. affection need not be valvular heart disease; Nomenclature The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No.

Exact

1

	PLASE OF DEATH	03971 STATE OF MARYLAND
C	ounty Valluuser.	CERTIFICATE OF DEATH
Villa	age or City/ charielle (No. Callo 2 FULL NAME Thomas Cra	Registration Dist. No. 1  Registration Dist. No. 1  (If death occurred in a hospital or institution, give its NAME indead of street and aumber.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
n	ATE OF BIRTH  1 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 HEREBY CERTIFY, That I thended the deceased from 1970, to 1970,
7 AC	(Month) (Day) (Year)  GE   If LESS then	and that death occurred on the date stated above, at 350 Pm.
	63 yrs. 2 mos. 5 ds. or min. ?	The CAUSE OF DEATH A was as follows:
(a	a) Trade, profession or articular kind of work.	Crovar puncous
b	b) General nature of industry usiness, or establishment in rhich employed or (employer)	(Duration)yrsmosde,
9 13	(State or country) Mary-lund	Contributory Secondary  Duration)yremosde
	10 NAME OF Thurus Cradoell	(Signed) 6 (9 M Charles M. D.
RENTS	11 BIRTHPLACE OF FATHER (State or country) Mary Land	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homieldal.
PAR	12 MAIDEN NAME Sollie Carroll	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country) Mary lewel	At place of death
14 7	THE ABOVE IS THE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
15	(Address) Lesurelle med	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Sarsun 4 7-, 130
	Filed for 5 1930 DE Williams	olway to Jentino Lors Cor Mc Eulla St
ч	more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S No. 1



(Approved by U. S. Census and American Public Health Association.)

or given up on account of the DISEASE CAUSING DEATH, gaged in domestie service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very Important, so that the relative healthstate occupation at beginning of illness. If retired from to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer-Coal mine, etc. Wom-Civil engineer, Stationary fremen, etc. But in many Whatever, Write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (re-Housemuid, etc. If the occupation has been changed (a) Foremun, (b) Automobile factory. The material Statement of Occupation-Precise statement of oe For many occupations a single word or term on For persons who have no occupation

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same necepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

symptomatie), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia." ary), 10 ds. Never report more symptoms or terminal stated unless important. Example: Mcastes use of "Tumor" for malignant neoplasms); Meastes; ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skuli, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under "PUERPERAL septicaemia." "PUERPERAL peritonitis," ete. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorcausing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. The contributory inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) Poisoned by carbolic acid-probably suicide. taken. For VIOLENT DEATHS State MEANS OF INJURY vuisions," (secondary or intercurrent) affection need not be ...... (name origin; "Cancer" is less definite; avoid Whooping cough; "Debility" ("Congenital," "Senite," etc.) Chronic valvular heart diseuse; (Recommendations on state-"Anaemia" The na-(seeond-(mcrely (disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

CORD

should be carefully supplied. ACE should be stated EXACTLY, PIE OF DEATH in plain terms so that it may be properly classified. Its very important. See instructions on back of certificate.

CIANS should state CAUSE OF DEATH in plastatement of OCCUPATION is very important.

WRITE Every item of it

1 <sub>Pl</sub>	ACF_OF	DEATH		
County	ACE OF all	lim	ore	>
illage or	City T	uller	lon	•
1			00	



If more bianks are needed, addre.s Ltate Registrar, 16 W/Saratoga St., Balto., Requesting V. S/No. 1.

#### 06452 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 40

(If death occurred in

	tion, give its NAME i stead of street as number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH June	20 , 1930
17 I HEREBY CERTIFY, That I	(Year)
June 13 193 . to	
that I last saw h alive on	
and that death occurred on the date stat	1-1
The CAUSE OF DEATH * was as follows:	. O
January State of the state of t	····
arterio Zeservie	7, parryses
	***************************************
(Durstion)	3 yıs. mos c
Contributory My Charles	in harflece
Decondary /	117
(Duration)	yrsmos/d
(Signed)	ENS DONNE
Jarel 197 (Address)	rocked in a
*State the Disease Causing Deat Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	th, or, in deaths from Injury and (2) Whether
18 LENGTH OF RESIDENCE (For Hosients or Recent Residents)	pitals, Institutions, Tran
At place In to f death yrs mos. ds.	he tateyrsmos
Where was disease contracted, if not at place of death?	
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	
	DATE OF BURIAL
It augh Chapel Com	June 23, 193
It augh Chapel Com	0

Vi	liage or City Fullerton (No.
/	2 FULL NAME John Creamer
	PERSONAL AND STATISTICAL PARTICULARS
3 :	Male White SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
6	DATE OF BIRTH  (Month)  (Day)  (Year)
7 /	75 yrs. 6 mos. 8 ds. or min.?
(b)	a) Trade, profession or Satricular kind of work b) General nature of industry pusiness, or establishment in which employed or (employer)
_	(State or country) Baltimore Go.
	10 NAME OF Jam Creamer
ENTS	11 BIRTHPLACE OF FATHER (State or country)
PARE	12 MAIDEN NAME Catherine Green
	13 BIRTHPLACE OF MOTHER (State or Country)  Md
4	(Informant) arthur . Creamer

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed laborer, whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Stationary fireman, etc. But in many (b) Automobile factory. The material Locomotive engineer, (6) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on tetanus) may be stated under the head of "contributory." atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, (secondary or intercurrent) affection need Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, cough; Chronic etc. valvular heart Nomenclature of the The Always qualify all contributory not be disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE

7-8. No. 1

X		PHYSI- d. Exact
MARGIN RESERVED FOR BINDING	AIN'S, WITH UNFADING INK-THIS IS A PERMANENT ECORD	Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact CCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH

1PLACE OF DEATH	10132 STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City <u>EUDOWOOD SANAT(No.JJM</u> , TOWSON, 2FULL NAME Planence Cligar	MD St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH September 3, 1930  (Month) (Day) (Year)
Month) (Day) (Year)	17 I HEREBY CERTIFY, That I extended the deceased from 192 to Sept 1920, 1930, that I last saw her alive on left 24, 1930,
7 AGE  32  If LESS that I day hrs or min.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	- almonory augusts
Business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Cell Co, md	Contributory Secondary  (Dugaion)
10 NAME OF John H Dennis	(Signed) M. D. Maryland M. D. Maryland
OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Jawa V. Heath	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country) Cecl Co, Ml	At place of death yrs mos de. In the State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE HOSPITAL RECORDS Personal History	Where was disease contracted, Unknown if not at place of dea.h?  Former or usual residence Elkton, 12.0 4
Eudowood Sanatorium, Towson, Md.	Walt East Cemetry Sep. 26. 1930
Filed Sept 25 1930 Min Buller Registras	20 UNDERTAKER Pippin. Elkon Md
If more blanks are needed, addre.s State Registr	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specimeanon as Loy laborer, Form loborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the tired 6 yrs). state occupation at beginning of illness. If retired from definite salary, may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Former or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, tion applies to each and every person, irrespective of whatever, write Nonc. Househaid, etc. If the occupation has been charged ployed, as At school, or At home. Care should be taken Foremon, first line will be sufficient, e. g., Former or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; mon, (b) Automobile factory. The material For persons who have no occupation Stationary firemon, etc. But in Locomotive engineer,

Statement of Cause of Death—Name, first, the pisses. Eas: ("USING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebragainal fever (the only definite synonym is "Epidemic cerebrostinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the American Medical Association.) stanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis, " Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, eurbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., whon a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by roilwoy train-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, peritonacum, etc., Corcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, cough; " "Marasmus," "Old Age," "Shock," or intercurrent) affection need not be Chronic etc. valvular hoort disease The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

AL AND STATISTICAL PRETICULARS  A COLOR OR RACE SINGLE WINDOWED OR DIVORCED OR	Wedenwood (No.	St.: Ward) (If death occurred in
A COLOR OR RACE  Whith Shires by Whowes or Wildows or Olyorces (Write the word)  H  Tolored 2 (Noth) (Day) (Year)  (Noth) (Day) (Year)  If LESS than I day, hrs. The CAUSE OF BEATH was a stollow:  Or work were of industry ablishment in dor (employer)  Contributory Secondary (Signed)  Work (Signed)  Work (Signed)  Work (Signed)  True to the Best of My Knowledge  True to the Best of My Knowledge  Application of death yis more discovered on the date stated above, at 2 min. The CAUSE OF BEATH was as follows:  Ocentributory Secondary of Database (Signed)  Contributory Secondary of Database (Signed)  Signed Sig	NAME Frog W. Com	a hospital or institu- tion, give Its NAME in- stend of street and
When we do not a control of the second of th	AL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 that I last saw h allow on 192 and that I last saw h allow on 192 and that I last saw h allow on 192 and that I last saw h allow on 192 and that I last saw h allow on 192 and that I last saw h allow on 192 and that death occurred on the date stated above, at 2 mm. The CAUSE OF DEATH * was as follows:  Order of work are the country of the count	MARRIED, Marker WIDOWED, OR DIVORCED	1930
day hrs.   Cause of Death * was as follows:   Contributors   Con		17 I HEPEBY CERTIFY, That I attended the deceased from  192 to 192,  that I last saw h allys on 192,
of work gardier  ure of industry ablishment in dor (employer)  Authors Boundary  Secondary  Secondary  Secondary  Mane  (Signed)  (Signe	7   day hrs.	The CAUSE OF DEATH * was as follows:
Contributory Secondary  Secondary  Contributory Secondary  Secondary  Country  Count	of work Garaner ure of industry	Sudder, filet Gallier
*St. te the Disease Causing Death, or, in deaths from Violent Caus s, state (1) Means of injury and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Flospitals, Institutions, Transference of death yrs	d or (employer)	Contributory Secondary Dutate Contributory  Secondary Fr. Dutate Mos de.  (Signed) M. D.  (Signed) M. D.
ients or Recent Residents)  At place of death yrs mos ds. In the State yrs mos ds.  Where was disease contracted, if not at place of death?  Where was disease contracted, if not at place of death?  Place OF BURIAL OR REMOVAL DATE OF BURIAL OR STATE OF BURIAL O	R country) /	*State the Disease Causing Death, or, in deaths from Violent Causs, state (1) Means of injury and (2) whether
True to the Best of MY KNOWLEDGE  If not at place of death?  Former or  usual residence.  19 Place of BURIAL OR REMOVAL  19 Place of BURIAL OR REMOVAL  May 2, 130  ADDRESS  Toursers.	ICE IR	ients or Recent Residents) At place of death yrsmosds. In the State yrsmosds.
1 19230 Wor Phyther 20 UNDERTAKER ADDRESS Toursers.	0 . 0 ,-=	if not at place of death?
If more branks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	a) Luther ville our	Prespect delle May 2. 130
	If more blanks are needed, address State Registrar,	lilly Benes Jers Tousers.

No.

(Approved by U. S. Census and American Public Health Association.)

f liness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fremon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of capation is very important, so that the relative health Statement of Occupation-Precise statement of ocer," etc., worked on may form part of the second statement. Never return 'Laborer,'" 'Foreman," 'Manager," 'Deal-(a) Physician, Compositor, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is necesor At Home, and children, yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. without more precise specification as Doy (b) Automobile factory. The material (a) the kind of work and also (b) the Architect, Locomotive engineer, not gainfully em-(b) Grocery; Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhcid Pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstited unless important. use of "Tumor" inges, perilonoeum, etc., Carcinoma, Sarcomo., etc., of . . . . . . . . (name origin: "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory" diseases resulting from childbirth or miscarriage as 'PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitual nephritis, unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suncide. The nature of the injury, or as probably such, if impossible to determine definitely accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train "Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY for malignant neoplasms); Measles; Example: Measles (disease etc. The valvular heart discuse; contributory

If this certificate is 1 oked over thoroughly and a.l questions answered in detail, it will prevent further correspondence. . the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	01365 STATE OF MARYLAND CERTIFICATE OF DEATH
County Dallunce	(57) Registration Dist. No. 42
501120 43011	Ward)  (If death occurred in a hospitul or institution, give its NAME instead of street and number.)
2 FULL NAME. JULIUS VIETNAME.	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	16 DATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the word)	(Day) , 192 Q
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
13 859	that I last saw h L W alive on Telly 5 1136
(Morth) (Day) (Year)	and that death occurred on the date stated above, at 12.1.5 .m.
7 AGE If LESS than	The CAUSE OF DEATH & was as follows:
70 yrs. mos. ds. or min. ?	Dial tes Melleties
8 OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry	(Duration) / Oyrs
business, or establishment in which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
Chill. Co. Ma	(Duration)yre
10 NAME OF PATHER PARTIES OF BRANCO	(Signed) M.D.
11 BIRTHPLACE OF FATHER (State or country) CO.C. C. Md	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Jenns of Injury: and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER MANY Con Swith	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) RaC	At place of death yrs. mos. da. State, yrs mos. da. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Scales	Former or usual residence.
(Address hullieum Steights	SALES REMOVAL BATE OF BURIAL
Filed Jely 7 1930 Les Fortiet	20 UNDERTAKER COURSES
wore blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S No. 1.

(Approved by U. S. Census and American Public Health Association.)

Housemaid, etc. If the occupation has been changed or given up on account of the present causing dearm, state occupation at beginning of thoses. If retired from business, that fact may be indicated thus: Farmer (regaged in domestic service for wages, as Servant, Cook, Civil cryinese, Stationary firemen, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the neture of the business or industry, and therefore an tird 6 yrs.). For persons w to report specifically the occ hations of persons enployed, as Africhool or At home. Care should be taken definite salary it may be entered as Housesvife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day additional line is provided for the latter statement; it age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Tunter, Whatever, write None, household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborerworked on may form part of the second stutcment Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. Physician, Compositors-Architect, Locomotive engineer, tion applie to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation Precise statement of oc-Foreman, (b) Automobile factory. Or At Gome, and children, not gainfully em--Coal mine, etc. Womhave no occupation As examples: (a) The material The ques-

Exacement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation)) using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epiconic exclusion; spinal meningitis"); Diphtheria (avoid use of "Cioup"); Typhoid fever (never report "Typhoid pneumonia," "Lobor pneumonia, Bronchopneumonia ("Pneumonia,");

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the as probably such, if impossible to determine definitely, can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as conditions, such as "Asthenia". "Anaemia" (1 symptomatic), "Atrophy" "Collapse," "Coma." ary), 10 ds. Never report mere symptoms or stated unless important Example: Measter causing death), 29 ds. Broadhopneumonia Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; and qualify as Accidental, Suicidal, or Homicidal, or State cause for which surgical operation was under "PURPERAL septicaemia." "PUERPERAL peritonitis," rhage, "Inaultion." "Matasmus," "Old Age," "Shock," "Dropsy". "Exhaustion," Heart failure. "Haemoruse of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Oarcinoma, Sarcoma, etc., oi unqualified, is indefinite); Tuberculosis of lungs, men-Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway "Uracmia," "Weakness " etc., when a definite disease vulsions." "Deblity" ("Congenital," "Sendle," ctc.), Whooping cough: Chronic palvular heart ...... (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURIE (Recommendations on state-Measles; disease; terminal (merely (disease (second-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

V. S. No. 1

N. B.-

PLACE OF DEATH County Ballo	02609 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Whit Half (No	St.: Ward) St.: Ward)  St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED OR DIVORCED (Write the word) Maurice 6 DATE OF BIRTH	(Month) (Day) (Year)
(Month) (Day) (Year)  7 AGE   If LESS than I day hrs.	and that death occurred on the date stated above, at 430 Pm. The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  Balf C)	(Durstion) yrs. mos. ds.  Contributory Secondary  ADARtion) yrs. mos. ds.
10 NAME OF FATHER James Dorsey Bond  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ients or Recent Residents)  At place In the State yrs mos ds.  Where was disease contracted, if not at place of death?  Former or usual residence
(Informant)  (Addreas)  Monkyon, Mid.  15  Filed Man 19 1980 Snances Mislan  Registras  If more banks are needed, addre s tate Registras	19 PLACE OF BURIAL OR REMOVAL  Amm Chafel  3 - 2/, 1932  ADDRESS  Maralm Fors  What Half  19 PLACE OF BURIAL  ADDRESS  Maralm Fors  What Half  19 PLACE OF BURIAL  ADDRESS  Maralm Fors  Maralm Fors  10 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, arrespective of business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on grs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many duties of the (6) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pueumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) State cause for which surgical operation was undercan be ascertained as the cause. Whooping cough; (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJULY (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as Chronic Example: Measles (disease etc. The contributory valvular heart disease Nomenclature Always qualify all Measles;

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PLACE OF DEATH

County	Bal	to	•

D1366

#### STATE OF MARYLAND

County						Dist. No. 35 5
	FULL NAME Cro		Stillbon	en )	St.:Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERS	ONAL AND STATIST	ICAL PARTICL	JLARS	MEDICAL	CERTIFICATE C	OF DEATH
3 SEX Unkn.	4 COLOR OR RACE Black	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word	}	16 DATE OF DEATH		, 19 <b>30</b> (Day) (Year)
6 DATE OF	Feb. 23			17 I HEREBY C	ERTIFY, That I atte	ended the deceased from , 192, 192,
7 AGE		mos. 0 ds	If LESS than I day hrs. or min.?	The CAUSE OF DEATH	* was as follows:	above, atm,
particular (b) Genera business, o which emp  BIRTHPLA (State or	country) Monkto			Contributory Secondary	(Duration)	yrsds.
OF FA	ER McDonald Th HPLACE LITHER 10 or country) Monkto				(Address) White case Causing Death, e (1) Means of In	or, in deaths from jury and (2) Whether
OF MO	HPLACE OTHER e or Country) Monkt	enor Crom		18 LENGTH OF RESI	DENCE (For Hospit dents) In the	eyrsmosde.
(Inform	ddress) Monkton,	nor Cromw	vell	Former or usual residence	OR REMOVAL	
Filed F	eb. 24 1930 M.	Bortner.	M.D.	Me Donela	Mhama	Monleton

Mc Donald

Thomas

(Approved by U. S. Census and American Public Health Association.)

er," etc., Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Furmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housenwid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cool: to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. Foreman, or At Home, and children, not gainfully em-For many occupations a Farm laborer, without more precise specification as Day (a) the kind of work and also (b) the (b) Automobile factory. Laborer-Coal mine, etc. Womsingle word or term on The material The ques-Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia,")

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accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart tanue," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, Whooping as fracture of skull, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. American Medical Association Recommendations perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid by Commotee cough; or intercurrent) ngenital," "Senile," etc.), "Dropsy,"
"Heart failure," "Haemorrhage," 100 Chronie and consequences (e.g., sepsis, statement of cause of on Nomenclature affection need not be etc. valvular heart disease; The contributory death

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important.

of

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, additional line is provided for the latter statement; it business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specincation as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Colton mill; (a) Salesman, (b) (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the DIS-EAST (NUSING DEATH | the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoids, fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Uraemia," "Weakness," etc., when a definite disease stated unless important. approved telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Drcpsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., American Medical Association.) as fracture of skull, and consequences (e.g., sepois, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death resulting from childbirth or miscarriage as by Committee on Nomenclature Chronic Carcinoma, Sarcoma, etc., of Example: Measles (disease etc. valvular heart The contributory disease; of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH County Palfamore	05249 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Catowirks of String	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
- TOLL NAME	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white Single, MARRIED, WIDOWED.  Write the word)	16 DATE OF DEATH 9 4, 1923 0
6 DATE OF BIRTH  (Nonth) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the decensed from 3 0 1926 to 2 2 4 , 1923 0 that I last saw herealive on 2 2 3 , 1923 0
7 AGE  80 yrs. 4 mos. 9 ds. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Charles Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)
FATHER  OF FATHER  (State or country)	(Signed) M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (Nate or Country)	18 LINGTH OF RISIDENCE (For Biospitals, Institutions, Transferts or Recent Residents)  At place 4 yrs 0 mos 2 ds. In the State State State of death 4 yrs 0 mos 2 ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted of lace of dea h?
(Informant John Cross) (Address) 114 W - 24 24	Former or usual residence Saltano E 201  19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL  201  201  201  201  201  201  201  20
Filed 3/25-130 Hellulus Registral	Coran resbylen Centy /2/, 1930 20 UNDERTAKER JADDRESS / ADDRESS / 1930
If more blanks are needed, addre.s Ltate kegistrar	, 16 W. Saratoga St., Balto., Requesting V. S. ho. 1.

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective ef Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The materic For many occupations a single word or term on without more precise specification as For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the Diseal E Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemia cerebrosing menicitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," "Shock," "S causing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoina, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VICLENT DEATHS State MEANS OF INJULY Chronic Example: Mcasles (disease etc. The valvular heart disease; contributory not be of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

3 No. 1

PLACE OF DEATH	06453 STATE OF MARYLAND
County Callemote	CERTIFICATE OF DEATH
	Registration Dist. No.
Villago or City Catorisvillano. Afring	Grove Kes for all Ward) (If death occurred in a hospital or institution, give its NAME in-
2 FULL NAME Pegeria O. Con	stead of strest and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7emale White Single, MARRIED, MIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH 1923 6. (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I Mended the deceased from
March 3, 18765 (Month) (Day) (Year)	that I last saw homalive on June 6, 1920
7 AGE [If LESS than	and that death occurred on the date stated above, atm,
65 yrs. 3 mos. 3 ds. or min.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Lobar Porque ma
(b) General nature of industry business, or establishment in	(Duration) yrs. mos. d.ds.
which employed or (employer)	Contributory Joseic Condition
9 BIRTHPLACE (State or country)	Secondary (Durstion) yrs
10 NAME OF FATHER Richard Sullivan	(Signed) 1866 Elw Garrett M. D.
OF FATHER Z (State or country)	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER DAY DO USE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents)  At place of death 20 yrs
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted a blace of death
A O O	Former or Balks Cett
(Informant) Cost Cost	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 4000 Draga Assa Assa	Lorraine Cemetery June 10, 1026
Filed J. 7 1924 C Man feedt Registral	20/UNDERTAKER Wars Son NEM MRayal
If more b.anks are needed, addre.s tate Negistra	ar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

en at home, cases, additional line is provided for the latter statement; it fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in demonstration has been changed Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know Civil en gimeer, Physici.... the first line will be sufficient, e.g., Farmer or Flanter, tion applies to e ch and every person, irrespective of aged in demostic service for wages, as Servant, Cook Pinner, (b) Cetton ete., was laborer, Foreman, For many occupations a single word or term on or At Home, and children, especially in industrial employments, it is neccsyr.8). is very important, so that the relative healthwithout more precise specification as Day Parm laborer, Laborer—Coul mine, etc. Wom-Compositor, For persons who have no occupation Stationary fireman, etc. Bit in mary (b) Automobile factory. The material (a) the kind of work and mill; (a) Salesman, Architect, Locomolive engineer, not gainfully emalso (b) the Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEAR ECAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Corebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Ital meningitis"); Diphtheria (avoid use of "Croup"); Tyzhoid favor (never report "Typhaid Pneumonia");

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "Ethaustion," "Heart failure," "Haemorrhage, st.ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi ...... (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing use of "Tumor" for malignant neoplasms); Measles; approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, (secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY death), 29 ds.; Bronchopneumonia (secondary), cough; Chronic etc. affection need valvular heart disease; Nomenclature ," etc.), "Drcpsy, The contributory Always qualify all not be of the

If this certificate a look dover thoroughly and all questions answers in detail, it will reveat further correspondence. All the data sessential and most be obtained before the certificate is perfactly field.

should be	N. B.—Every Item of Information should be carefully supplied. ACE should be CIANS should state CAUSE OF DEATH in plain terms so that it may be statement of OCCUPATION is very important. See Instructions on back	N. BEv
PERMANE	WRITE FORM WITH UNFADING INKTHIS IS A PERMANE	
BINDING	MARGIN RESERVED FOR BINDING	

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Baltmore	CERTIFICATE OF DEATH
the state of the s	
Village or City Dundalle (No. 69/5 Rie	Registration Dist. No. 4  (If death occurred in a hospital or institution, give its NAME in-
2FULL NAME Infant C	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  Til 9  (Month) (Day) (Year)
6 DATE OF BIRTH 9, 193	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h alive on 192,
7 AGE   If LESS than   1 dayhrs	
yrs. mos. ds. or min.	
a occupation (a) Trade, profession or particular kind of work	Stellow
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE	Contributory
(State or country)	Secondary
I 10 NAME OF A A	(Duretion) yrs, mos, ds.
FATHER James Crossell	(Signed) M. D.
AL DISTURBLACE	1994 (Address) DNYNVIII
OF FATHER C (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Same & Williams	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of death yrs mos ds. State yrs toss ds.
(State or Country)	Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) James Jussell	usual residence.
(Address), 6915 Ridgeway	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL FULLO, 19 30
15 Filed 19/30192 A Wellarger Registrar	20 UNDERTAKER JOSE Orlean
/ If more branks are needed, address State Registre	ar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it work, Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomolive engineer, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Solesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dipluheria (avoid use of "Croup"); Typhoid fiver (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease Whooping cough; approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid - probably suicide. The n ture of the injury, Examples: Accidental drowning; Struck by roilway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi interstitial nephritis, or intercurrent) affection need not be Chronic valvular heart disease, etc. The Always qualify all contributory

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BINDING

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RESERVED

MARGIN

Exac	1	County Balto.
assified.	Vil	lage or City Reckord (No
EX.		2 FULL NAME Laura a. Cru
stated proper		PERSONAL AND STATISTICAL PARTICULARS
be ck	35	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married WIDOWED, MOR DIVORCED (Write the word)
ehor it m	6 [	OATE OF BIRTH  O(Month)  (Day)  (Year)
ully supplied. ACE plain terms so that nt. See instruction	7 A	70 yrs. 9 mos. 28 ds. or min.?
be carefully sur EATH in plain te important. See	( b	and Trade, profession or Adouseurse articular kind of work Adouseurse by General nature of industry usiness, or establishment in which employed or (employer)
SE OF DE	NTS	(State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
f information d state CAUS OCCUPATION	PAREN	(State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  Unknown
Every Item of CIANS should statement of C	14	(Informant) Abut E, Crue  (Address) Hyde, Md.
BEve CIA sta	15	Filed OCI- 4 198 U 1. F. H Gorwell

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in .....Ward) a hospital or institu-tion, give Its NAME is stead of street and number.) MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH ..... (Day). (Month) I HEREBY CERTIFY, That Lattended the deceased from and that death occurred on the date stated above THOCAUSE OF DEATH \* was as follows: Secondary \*State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In the At place of death. Where was disease contracted, if not at place of dea.h? Former or usual residence

If more b.anks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it cases, especially in industrial employments, it is necestired 6 yrs). business, that fact may be indicated thus; Farmer (ref. or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, etc., Foreman, or At Home, and children, not gainfully em-For many occupations a Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on (6) Grocery;

Statement of Cause of Death—Name, first, the pisse EALS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Inamorrhage," Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; or intercurrent) Chronic valvular heart disease; Example: Measles (disease affection need not be etc. The contributory

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County/0	
	CERTIFICATE OF DEATH
Village or City Pluscelle (No. Seel	Registration Dist. No.
2FULL NAME Helen Funting	a hospital or institu
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, Married, Supple OR DIVORCED (Write the word)	16 DATE OF DEATH (L) (Year)
8 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
100 11- , 193	o fully 5- 1970 to fully 4 , 1923
(Month) (Day) '(Year)	that I last saw her alive on 192 19- 30, 192
7 AGE   If LESS the	
yrs. 8 mos. 3 ds. or min	
CCUPATION	foundity + Brouse -
(a) Trade, profession or Justicular kind of work	Museuwowa
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrs,mos_//_da
BIRTHPLACE (State or country)	Contributory Secondary
	(Durstion)
FATHER Caully Crumbellies	(Signed) 66. Melials M. D.
M 11 BIRTHPLACE	July 15 1930 (Address) Pallacelle hy
OF FATHER (State or country)  12 MAIDEN NAME  1	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Pully Mobile	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER W	At place In the of death yrs mos ds State yrs mos ds
(State or Country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	- Where was disease contracted,
The Plant	if not at place of dea.h?
(Informant) Mariau Cours	19 LACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Polles ville	Haburs Cewiting feel 16 30
5 Filed July 15 1930 8 8 kicker Registrar	20 UNDERTAKER APPRESS
If more hanks are needed addre a State Posist	ar A6 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. laborer, Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile factory. The Locomotive engineer, (6) material Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis carbolic acid-probably swicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptominges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condicough; Chronic etc. valvular heart The contributory disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fled.

No.

important.

ENTS

2

3 SEX

6 DATE OF BIRTH

8 OCCUPATION

9 BIRTHPLACE (State or country)

10 NAME OF

11 BIRTHPLACE

OF FATHER

OF MOTHER

13 BIRTHPLACE OF MOTHER (State or Country)

(State or country) 12 MAIDEN NAME

(a) Trade, profession or particular kind of work

(b) General nature of industry business, or establishment in which employed or (employer)

	ACE OF DEATH	
County	Balen	
illago or	City Reus	lush
	2FULL NAME	n

7 (No.

MARRIED.

WIDOWED OR DIVORCED (Write the word)

IIILESS t

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE

#### 17148 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 3 3

St.: Ward) (If death occurred in a hospital or institu-

	***********	ster	nd of street and
MEDICA	L CERTIFIC	ATE OF D	EATH
16 DATE OF DEATH	Ju	.7	, 1923
17 HEREBY			ay) / 93 (Year)
***************************************	192 to		, 192
that I last saw h	alive on		, 192
	1 * was as foll was a	prece	
Contributory Secondary	(Duration	•	nıosds
(Signed) 192	und-	glyn	STRO A
*State the l'is Violent Causes, stat Accidental, Suicidal or	te (1) Means	Death, or, of Injury	in deaths from and (2) Whether
18 LENGTH OF RESI	idents)	Hospitals,	Institutions, Trens

100	MEDICAL CERTIFICATE	OF DEATH
16	DATE OF DEATH	, 1923
	June (Month) Z	(Day) / 93 (Year)
1	7 I HEREBY CERTIFY, That I att	ended the deceased from
	192 to	, 192
th	at I last saw halive on	, 192
	nd that death occurred on the date stated	l above, etm
TI	ne CAUSE OF DEATH * was as follows:	
****	This was a pre	malne
	but of 5 min	A
		.**************************************
	(Duration)	yrsn108de
•	Contributory Secondary	
	7/2	
(2)	igned).	
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		usu
	*State the 1 is ase Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	
18	*State the lisease Causing Death,	or, in deaths from jury and (2) Whether
A	*State the lisease Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.  LENGTH OF RESIDENCE (For Hospi ients or Recent Residents)	or, in deaths from jury and (2) Whether tals, Institutions, Trem
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At of W	*State the lisease Causing Death, Violent Causes, state (1) Means of Ir Accidental, Suicidal or Homicidal. LENGTH OF RESIDENCE (For Hospi ients or Recent Residents) place In the Geath yrs	or, in deaths from jury and (2) Whether
Ai of W	*State the lisease Causing Death, Violent Causes, state (1) Means of Ir Accidental, Suicidal or Homicidal.  LENGTH OF RESIDENCE (For Hospi ients or Recent Residents)  place death yrs disease contracted, not at place of death?	or, in deaths from jury and (2) Whether tals, Institutions, Trem

If more blanks are needed, address thate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs. state occupation at beginning of illness. If retired from g. ged in domestic service for wages, as Servant, Cook work, definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material single word or term on Grocery;

Strtement of Cause of Death—Name, first, the DIS-EALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> or as probably such, if impossible to determine definitely. accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The n-ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy," E:haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." (secondary American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi cough; " "Weakness," etc., when a definite disease or intercurrent) affection need not be ss important. Example: Measles (disease Chronic valvular heart disease; etc. The contributory

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	PLACE OF DEATH
1	County
/	C
Vi	llage or City Glance (No.
_	2FULL NAME Sarah Eliz
	PERSONAL AND STATISTICAL PARTICULARS
3 9	GEX  4 COLOR OR RACE  5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)  (Write the word)
6 1	DATE OF BIRTH
	(Month) (Day) (Y
7 /	IFLESS
	The yrs. 10 mos. ds. or
( _ p	a) Trade, profession or articular kind of work
(Ib	a) Trade, profession or articular kind of work  b) General nature of industry usiness, or establishment in which employed or (employer)
(I) b	a) Trade, profession or extractional articular kind of work to the state of industry usiness, or establishment in
(I) b	a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer)  BIRTHPLACE (State or country) 10 NAME OF
9 E	a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  GLORY  11 BIRTHPLACE
9 E	a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  GEORGE SYLLE  11 BIRTHPLACE
ARENTS A 6	a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME
PARENTS	a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  14 GO MA
PARENTS	a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer)  SIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 MAIDEN NAME OF MOTHER (State or country)  15 BIRTHPLACE OF MOTHER (State or country)  16 MAIDEN NAME OF MOTHER (State or country)  17 MAIDEN NAME OF MOTHER (State or country)  18 BIRTHPLACE OF MOTHER (State or country)  19 MAIDEN NAME (State or country)  10 MAIDEN NAME OF MOTHER (State or country)  11 MAIDEN NAME OF MOTHER (State or country)
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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist No. (If death occurred in Ward) a hospit I or institution, give its NAME i stead of street and number.) MEDICAL CERTIFICATE OF DEATH DATE OF DEATH (Month) I HEREBY CERTIFY, That I attended the deceased from nd that death occurred on the date stated above, at ... he CAUSE OF DEATH \* was as follows: Contributory Secondary the listase Causing Death. Causes, state (1) Means of and (2) Whether Accidental, Suicidal or Homicidal. LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) place In the death yıs......ds. here was disease contracted, not at place of dea.h? ual residence DATE OF BURIAL

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S.

(Approved by U. S. Census and American Public Health Association.)

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CORD WITH UNFADING INK---THIS IS A PERMANENT BINDING MARGIN RESERVED FOR Z

V. S. No. 1

N. B.--Every Item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE P

PLACE OF DEATH County County	O9709 STATE OF MARYLAND CERTIFICATE OF DEATH
County	182 Registration Dist. No.
Village or City sued gone (No	St.: Ward) (If death occurred in hospitul or institution, give its NAME instead of street end number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WHO WED. WHO SHOPE (Write the Mord)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year	192 to 192 that I last saw h alive on 192
7 AGE [If LESS t]	
yrs	All of godge can fresh
which employed or (employer)	Contributory Secondary  (Signed Sula S. Hall Comments
OF FATHER (State or country)	*State the Discase Causing Dorth, or, in deaths from Violent Causs, stats (1) Means of Injury and (2) whother
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds. Stateyrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Info nant Clare Rosenburger) (Address) Landy Info	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Sept 5, 19 Jo
15 File Ought- 1923 Gert mkeeff	20 UNDERTAKER / Lechnics Steel Sk
If more branks are needed, address State Regis	trar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to fime and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilieria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); 1 obar pneumonia, Bronchopneumonia ("Pneumonia,");

> eurbolic acid—probably soucide. The nature of the in as fracture of skull, and consequences (e.g., steleanus) may be stated under the head of "contributory "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Heart failure," "Haemorrhage," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. or as probably such, if impossible to determine definitely State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. use of "Tumor" for malignant neoplasms): Medidae inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc. of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee accident; Revolver wound of head -homicide; Poisoned and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; American Medical Association. (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trein "Atrophy," "Collapse," "Coma," "Convulsions," FOR VIOLENT DEATHS STATE MEANS OF INJURY Chronic Example: Measles (disease etc. valirulur heart disease The Always qualify all contributory

If this certificate is rooked wer theroughly and all questions answered in detail, it will not be obtained before the certificate in permanently fied.

PLACE OF DEATH	12611 STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH
	Registration Dist. No. 8
Village or City EUDOWOOD SANATORIUM, TOWSON,	MD. St.: Ward) (if death occurred in a hospital or institu-
2 FULL NAME John O. Cundle	tion, give its NAME Instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Maniell WIDOWED, OR DIVORCED (Write the word)	March (Month) 30 (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY That I attended the deceased from
October 4 1865	( Maref 30, 1928. to Maref 30, 1930,
(Month) (Day) (Year)	that I last saw huu alive on march 30, 19230,
7 AGE   If LESS than	and that death occurred on the date stated above, atm,
6 4. yrs. 4 mos. 26 ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION	Callery Land
(a) I rade, profession or	Jack Jack Jack Jack Jack Jack Jack Jack
particular kind of work (b) General nature of industry	
business, or establishment in	(Duration)
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) Laucaster Co. Va	Secondary (Duration)yısı, yısı, de,
10 NAME OF Charles . C. Gundiff	(Signed) M. D.
IN II BIRTHPLACE	19ZO (Address) Towson, Maryland.
(State or country) Laucaster Co. Va	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER OSERALIS OF THE THE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents)  At place of deathyrsds. In the Stateyrsds.
(State or Country)	Where was disease contracted, Unknown if not at place of death?
Hospital Records Personal History	Former or Buttimer . Wh
(Informant)	usual residence.
Eudowoode Sanatorium, Towson, Md.	19 PLACE OF BURIAL OR REMOVAL WHO Carmel en Mil 1, 1930
15 Filed Mordows A C Gutte Of Registral	20 UNDERTAKER 1217/A Paul 18.
If more branks are needed, addre a State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). er," etc., without more previous are laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from guged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. or given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons envner, (b) Cotton mill; (a) Salesman. (b) Grocery. Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on Compositor, For persons who have no occupation Stationary fireman, etc. But in many Architect, Locomotive engineer, The ques-

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by Committee on Nomenclature of the stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicacmia," "PUERPERAL peritonitis, "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Never report mere symptoms or terminal condiinterstitial nephritis, " "Marasmus," "Old Age," "Shock," or intercurrent) affection need not be Chronic valvular heart disease Carcinoma, Sarcoma, etc., of etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

MARGIN RESERVED FOR BINDING

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	Exe	The Parket
WRITE AIN, WITH UNFADING INKTHIS IS A PERMANENT CORD	-Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in pialn terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
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	-Every item of information should be carefully supplied. ACE should be stated EXACT CIANS should state CAUSE OF DEATH in plain terms so that it may be properly class statement of OCCUPATION is very important. See instructions on back of certificate.	
1	N. BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
1	Z	

PLACE OF DEATH County Ball	16134 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 31
Village or City Inochlocks (No	St.: Ward)  (If death occurred is a hospital or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVERCED (Write the word)	16 DATE OF DEATH S.f. 25, 1930. (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 that I last saw have alive on 193.0
7 AGE 23 yrs. 9 mos. 28 ds.   If LESS than I day hrs. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	accidental Drowning
9 BIRTHPLACE (State or country)  (State or country)	Contributory Contributory Secondary (Duration)
10 NAME OF FATHER SO Not Know	(Signed) Any + Shiple M. D. Signed) 25930 (Address) 20000 Loch land
Constant Con	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or country) Do not Know	ients or Recent Residents)  At place In the of death yrs
(Informant) Jose D Krackey	if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Addless) 1000 delects May 15 Filed Sept 26 1973 0 N 7 9 1 Registray	20 UNDERTAKER LOLLY ANDRESS Ex 3. Harle Ballo hy
If more blanks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, state occupation at beginning of illness. If retired from tired 6 yrs). gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Carc should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, (b) without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal s; inal meningitis"); Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid Pneumonia"), Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condistated unless important use of "Tumor" for malignant neoplasms); Mcasles; causing death), 29 ds.; L. (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS state MEANS OF INJURY cough; 'Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," Committee on Nomenclature of the Chronic Example: Measles (disease chopneumonia (secondary), etc. valvular heart disease; The contributory

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fled.

PLACE OF DEATH County Caffin	05250 STATE OF MARYLAND CERTIFICATE OF DEATH
EDO	Registration Dist. No. 37
Village or City Of as (No. 2FULL NAME LEVOIS Quissian	St.: Ward)  (if death occurred in a hospital or institution, give its NAME in stead of street encumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mah Negro Single, Married, Wildowed. Married (Write the word)	16 DATE OF DEATH May 17. 19830 (Youth) (Youth) (Year)
S DATE OF BIRTH	that I lost saw h elive on 192
7 AGE    If LESS than	
yra, mos. da. or min.	
(a) Trade, profession or Particular kind of work	Hest Disean Whith flee had
(b) General nature of industry	or severa numpa
business, or establishment in which employed or (employer)	(Duration)
9 BIRTHPLACE (State or country) North Paroling	Contributory Secondary  Direction) yes mos de
10 NAME OF FATHER Druf Kum	(Signed) 19. M. (Dursey M. D. May 18 19130 (Address) (Teeffer Md
OF FATHER (State or country)  12 MAIDEN NAME	State the Disease Causing Death, or, in deaths from Violent Caus s, state (1) Means of injury and (2) whether Accidental, Suicidal or Homicidal.
of Mother Do	18 LENGTH OF RESIDENCE (For Mospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrsmosds. Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Grace Curringham	Former or usual residence
(Address) Jeyas Md	Rakinal Crueky May 21. 1934
Filed May 4 1923 D B R Bener Men	mo Robt. Elliott Baltim
If more branks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., Wilnus.
talurer, Farm laborer, Laborer-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fillness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the worked on may form part of the second statement. the first line will be sufficient, e.g., Farmer or Planter, or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, us At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an tion applies to each and every person, irrespective of cupition is very important, so that the relative health. Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Physician, Foreman, engineer. Stationary fireman, etc. But in many OF For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, At Home, and children, without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation 6 Automobile factory. The material -Coul mine, etc. not gainfully em-(b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitie"); Diphtheria (avoid use of "Croup"), Typhoid fever (nover report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia");

diseases resulting from childbirth or miscarriage as "PJERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart Janue,
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness" etc., when a definite disease "Dobility" ("Congenital," "Senile," ctc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, stited unless important. Example: Measles (disease (secondary use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptominges, peritonaeum, etc., Carcinoma, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train .... (name origin; "Cancer" is less definite; avoid "Atrophy" "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Broncho pncumonia (secondary), interstitud nephritis, cough; or intercurrent) Committee on Chronic affection need etc. The contributory valeular heart disease; Nomenclature of the Sarcoma., not etc., qi

If this certificate is a coked over thoroughly and a.l que tions answered in detail, it will prevent further correspondence. The duta is essential and must be obtained before the certificate is permanently filed.

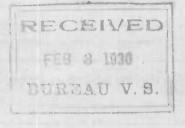
[Approved by U. S. Census and American Public Health Assn.]

etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who Day Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as EASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be has been changed or given up on account of the DISpersons engaged in domestic service for wages, Servant, Cook, Housemaid, etc. If the occupation receive a definite salary) may be entered as House-wife, Housework or At home, and children, not gainman, etc. But in many cases, especially industrial employments, it is necessary to know (a) the kind of respective of age. For many occupations a single word or term on the first line will be sufficient, e. g., who have no occupation whatever, write None. indicated thus: Farmer (retired, 6 yrs.). For persons be taken to report specifically the occupations of vided for the latter statement; it should be used dustry, and therefore an additional line work and also (b) the nature of the business or in-Farmer or Planter, Physician, Compositor, Architect, occupation is very important, so that the relative healthfulness of various pursuits can be known. fully employed, as At school or At home. Care should only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Locomotive Engineer, Civil Engineer, Stationary Fire-The question applies to each and every person, ir-Statement of Occupation.—Precise statement of Laborer, Farm Laborer, Laborer-Coal Mine, Cook, Housemaid, etc. If the occupation 18 pro-

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin

nature of the injury, as fracture of skull, and consequences (e. g. sepsis tetanus) may be stated under the head of "Contributory." (Recommendations on Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "As thenia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," nephritis, etc. Chronie valvular heart disease; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough, on Nomenclature of the American Medical Associastatement of cause of death approved by Committee -accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The amples: Accidental drowning; Struck by railway train ably such, if impossible to determine definitely. septicemia," sulting from child birth or miscarriage as "PUERPERAL certained as the cause. Always qualify all diseases re-"Weakness," etc., when a definite disease can be ascurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; tion. fy as ACCIDENTAL, SUICIDAL, HOMICIDAL, or as prob-For VIOLENT DEATHS state MEANS OF INJURY and qualicause for which surgical operation was undertaken. "PUERPERAL peritonitis," The contributory (secondary or inter-Chronic interstitual etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN



8. No.

PHYSI-

1PLACE OF DEATH CountyBaltimore	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 38
Village or City <u>EUDOWOOD SAMSTORIUM</u> , TOWS	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME is- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MONTHS WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH , 1930  November (Month) // (Day) (Year)
6 DATE OF BIRTH  MOS 11, 1892  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from NW. 21, 1926 to NWV 1, 1930, that I last saw h was alive on NWV 1, 1930,
7 AGE  3 8 yrs. 6 mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) // yrs. mos. ds.
9 BIRTHPLACE (State or country) Balturiere	Contributory Secondary  (Durajing)
10 NAME OF John Czekaj	(Signed) M. D. Maryland.
(State or country)  W 12 MAIDEN NAME  W 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	At place of death?  Where was disease contracted, Unknown
Hospital Records Personal History  (Informant)  Eudowood Sanatorium, Towson, Md.  (Address)	Former or usual residence. Baltinive  19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL  Off Manuslans Center Novale 14, 1930
Filed 11/12 1980 Q. M. Bolow Registra:	20 UNDERTAKER  20 UNDERTAKER  20 UNDERTAKER  20 UNDERTAKER  ADDRESS  ADDRES
3: more planas are needed, address cutte Negistra.	,

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it should be used only when needed. As examples: (a) state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseer," etc., sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many Architect, Locomotive engineer, The ques-

Statement of Cause of Death—Name, first, the DISEANE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, eausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State eause for which surgical operation was undercan be ascertained as the eause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJULY Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic etc. The contributory valvular heart Nomenclature of the disease;

If this certificate plooked loves tho oughly and all questions answered in detail it will prevent further correspondence. All the data is essential all multiple obtained before the certificate is permanently filed.

Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"(Traemia," "Weakness," etc., when a definite disease tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway train-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY or intercurrent) Chronic valvular heart disease; etc. The contributory affection need not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N B.--Every Item of Information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact , WITH UNFADING INK --- THIS IS A PERMANENT BINDING WRITE

MARGIN RESERVED FOR

PLACE OF DEATH County Baltimore	1013 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City led gate (No. 2)	Registration Dist. No. 4  Autell Ave St.: Ward) (If death occurred in a hospital cr institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While (Write the word)	16 DATE OF DEATH
G DATE OF BIRTH  Hale 24, 1930  (Month) (Day) (Year)	that I last saw humalive on Sept. 16, 1930.
7 AGE    If LESS that   day   hrs   day   mos.   2 ds.   or   min.	The CAUSE OF DEATH * was as follows:
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)	Contributory Provide Pulleman
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME  12 MAIDEN NAME  13 NAME OF FATHER  C State or country)  14 MAIDEN NAME  15 NAME  16 Pland	(Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Male and Discussion of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER unilea Erat  13 BIRTHPLACE OF MOTHER (State or country)  Oland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place In the of death yrs mos. ds. State yrs de.
(Informant) Martell are	Where was disease contracted, if not at place of death?  Former or usual residence
Filed 9/17/302 Domboarson Registral  If more b-anks are needed, address State Registral	Henry Sander & Sons Inc & Broadway
	, av . Common ser, server, requirering vi a, 1191 to

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). er," etc., without more precise specification as Day additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Collon mill; (a) Salesman. should be used only when needed. As examples: (0) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, (b) For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Compositor, For persons who have no occupation Automobile factory. The material Architect, Locomotive engineer, (b) Grocery; Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia. Bronchopneumovia ("Pneumonia")

> stated unless important. Example: Measles (disease and qualify as ACCIDENTAL, SUIGIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,",
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-. . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Messles; telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be inges, peritonaeum, etc., Carcinoma, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, American Medical Association.) Whooping Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; Chronic etc. The contributory. valvular heart Sarcoma,, etc., of disease;

If this certificate is looked over thoroughly and all questions answered in derail, it will prevent further correspondence. A 1the data is essential and must be obtained before the cartificate is permanently filed.

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PLACE OF DEATH  County Baltimore			(1368 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 42
Vil	lage or City Parkville  2FULL NAME Mar		Beverly Aves, St.: Ward) (If deeth occurred in a hospital or institution, give its NAME instead of atreet and number.)
-	PERSONAL AND STATIS	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	ale White	MARRIED, Single WIDOWED, OR DIVORCED (Write the word)	February 26 , 1930 (Month) (Year) (Year)
7 A	(Morage (Morag	8 mos. 21 ds or min.	The CAUSE OF DEATH * was as follows:
	ousinees, or eetablishment in which employed or (employer)		(Dyfalion) do.
9 6	BIRTHPLACE (State or country)	ryland	Segondary  Recepted Duration / yrs mos ds
	10 NAME OF Martin	Datz	(Signed) C Chear M. D.
ENTS	of FATHER Ge (State or country)	rmany	*State the Disease Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether
PARE	12 MAIDEN NAME OF MOTHER MAT	garet Schiller	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or country)	rmany	ients or Recent Residents)  At place of deathyrsmosds. In the Stateyrsmosds.  Where was disease contracted,
14	(Informant) Mrs. Mary		if not at place of death?  Former or usual residence

If more blanks are needed, address State Registrar, 16 W/ Saratoga St., Balto., Requesting V. S. No. 1.

Aves.

Mount

Carmel

Henry Sander & Sons. Inc.

Beverley

Baltimore

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) tired 6 yrs). er," etc., additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer,'" (Foreman," 'Manager," 'Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer. the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborerwithout more precise specification as Day Compositor, For persons who have no occupation npositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many -Coal mine, etc. Wom-Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia";

> American Medical Association.) tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Inanition," "Marasmus," "Old Age," "Shock," "Deblity" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) approved by Committee on as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Whooping iges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of ..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as cough; Chronic Example: Measles (disease affection need not be etc. valvular heart disease; Nomenclature of the The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A little data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

N. B.

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	CORD	CE should be stated EXACTLY, PH
/		stated
0	N.	9
R BINDING	PERMANENT	should
œ	K	CE

Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE

PLACE OF DEATH County Officer	12175 STATE OF MARYLAND CERTIFICATE OF DEATH
200	Registration Dist. No.
Village or City LEURON / HE (No	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED Wedow OR DIVORCED (Write the word)	16 DATE OF DEATH Oct. (930 (1930 (Year)
6 DATE OF BIRTH  Jul 26, 185/ (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 1920, that I last saw her alive on 1920,
7 AGE   If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work  (b) General nature of industry	Hupertrolly Heart
business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  1 10 NAME OF	(Durstion) 18 0 mos ds.  Contributory aff Delahae & Heath Causey Secondary Churchan DEdance 1 mos L.  (Durstion) 18 0 mos L.  ds.
on 11 BIRTHPLACE	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
(State or country)  12 MAIDEN NAME OF MOTHER Hause to Disphesione	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Parklaw the Day and (Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL HULLE FOR A M. & Church Country Of 1920.
Filed Octor 1920 Afri Drack MD. Registras	Lin Chaman Phoening Mil
If more branks are needed, addre.s State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Cure should be taken work, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) whatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Statement of Occupation-Precise statement of ocnner, (b) Cotton mill; (a) Salesman, (b) Grocery.
Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senilo" etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely taken. For violent deaths state Means of Injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Medsles; American Medical Association.) approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traincausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-Chronic etc. valvular heart Nomenclature of the The contributory disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	US955 STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No. 47
Village or City Halethorfe No.	St.: Ward) (If death occurred in a hospital or institution, give Its NAME instead of street and number.)
- The state of the	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WILLOWSEN OR CIVORED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH  (Month)  (Day)  (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1936 to 1936, 192 that I last saw has alive on 14, 180, 192,
7 AGE	1 62.4
43 yrs. 6 mos. 12 ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	Carring Head Paners
(b) General nature of industry	***************************************
business, or establishment in which employed or (employer)	(Duration)ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER LATTE DAVIS	(Signed) Demand Twy M. D.  (Signed) (Address) 9 10 W London
OF FATHER Z (State of country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER //	At place of deathyrsmosds. In the Stateyrsmosds.
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of des.h?
We was a second	Former or usual residence
(Address) Lallunka XIII	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL S. 19 34
15 Filed aug 27 1930 Rev Musical	Baston Som Ellie Will
If more bianks are needed, address State Registration	r, 16 W. Saratoga St., Balto., Requesting V.S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., William ... Laborerworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physican, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on yrs). without more precise specification as Day Compositor, Architect, Locomotive engineer, stationary fireman, etc. But in many For persons who have no occupation -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Example: Measles (disease "Exhaustion," "Heart range," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Whooping ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) Chronic interstitial nephritis, perilonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condiby Committee on Nomenclature cough; Chronic valvular heart disease; affection need not be etc. The contributory etc., of

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH County Baltimare	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Zawsan (No. //	Registration Dist. No. Of Checker Company (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE.  MARRIED, Married, WIDOWED. Married OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)—(Day) (Year)  17   I HEREBY CERTIFY, That I attended the deceased from
Month (Day) (Year)	that I last saw h malive on He 3 , 1930 and that death occurred on the data stated above, at
JO yrs. D mos. ds or min.?  OCCUPATION (a) Trade, profession or barticular kind of work (b) General nature of industry business, or establishment in	The CAUSE OF DEATH * was as follows:  (Duration) - yes de
which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER	Contributory Chillian Solarise Secondary  (Signed) Must Sulling M. M. D.
OF FATHER (State or country) Unlancin	*State the Discase Causing Death, or, in deaths from Violent Causs, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  UNKL	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Rasidents)  At place of death yrs. mos. ds. State yrs. mos. ds.  Where was disease contracted,
(Info mant) Schack & Cano (Address) 16 Obsespecific and  Filed It (1980) Mm P. Butter Deh  Registral	Where was disease controlled, if not at place of death?
61410	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coul mine, etc. Winnshould be used only when needed. As examples: 'a sary to know (a) the kind of work and also (b) the whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cont., Housemental, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House en at home, Never return 'Laborer," "Foreman," "Manager." "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman. (b) Georgy; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocfirst line will be sufficient, e. g.. Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on Compositor, Architect, Locomotive engineer, who are engaged in the duties of the For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lahar pneumonia. Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomlelunus) may be stated under the head of "contributory." curbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, perdonacum, etc., Carcinoma, Sarcoma, approved by Committee on Nomenclature Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trein or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injuny discases (secondary or intercurrent) affection need not be use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions," . (name origin; "Cancer" is less definite; avoid interstitial nephritis, resulting from childbirth or miscarriage for malignant neoplasms); Chronic Example: Measles (disease etc. valvular heart Always qualify all The contributory Measles; discuse ; etc., of of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

N. B.

PLACE OF DEATH County Palleenore	0163 STATE OF MARYLAND
	100- Registration Dist. No. 38
Village or City Visitor (No	St.: Ward) (If death occurred in a hospitul or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Married, Married, Wildowed.  OR DIVORCED (Write the word)	16 DATE OF DEATH 8 2 , 1930 (Month) (Day) (Year)
(Month) (Vay) (Year)	I HEREBY CERTIFY, Than attended the deceased from Die 16 5 1929 to Jon 85 , 1980 that I last saw hamalive on Jan 7 5 , 1920
7 AGE  If LESS than I dayhrs.  ormin.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	(Bilsterse) neumonia
business, or establishment in which employed or (employer)	(Duration)yremosds.
9 BIRTHPLACE (State or country) Bally los Md	Contributory Secondary  (Duration)  yrs
10 NAME OF FATHER Thomas A Davis	(Agned) Daniel Tal Tho Jenfin M. D.
OF FATHER Z (State or country) UNKnown	*State the Usease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Unknown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State of Country) Unit Crozen	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of desh?
(Informant) (Address) Cupton Ma	Nuch Ridge Emelen, Jan 11, 30
Filed Jan 9 1980 Am Bulles Def	LAugher four lue Pref Minousia
If more blanks are needed, address tate Negistra	r, 16 W. Seratoga St., Valto., Lequesting V. S. I.o. I.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mina, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an eases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to c.ch and every person, irrespective el Statement of Occupation-Precise statement of oewhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Colton mill; (a) Salesman, (b) Grocery; eman, (b) Automobile factory. The material

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causction), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); sinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," ctc.), "Dropsy, "E:haustion," "Heart failure," "Hemorrhage, "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Com2," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), (secondar, or intercurrent) affection need not be st-ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State eause for which surgical operation was underdiseases resulting from childbirth or misearriage as " Uraemia, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., scpsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely taken. For violent deaths state means of injuly Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid " "Weakness," etc., when a definite disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No.

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PLACE OF DEATH County Palls Co M	03972 STATE OF MARYLAND CERTIFICATE OF DEATH
Q 0000 . W	Registration Dist. No.
Village or City Palnew 4.0 (Dumis St.	St.: Ward) (If death occurred in a hospital er institu
2FULL NAME MUNAME	Dandridge tion, give its NAME in stend of street nne number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write ths word)	16 DATE OF DEATH 4/3/30 > 192 (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last say h
7 AGE Stell Bow   If LESS than   I day hrs.   hrs.   ds.   or   min.?	The CAUSE OF DEATH : was follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. de
9 BIRTHPLACE (State or counts)	Centributory Secondary  Dury (2n)  yrs mos de
10 NAME OF FATHER Marchall Dandridge	(Signed) / W. Ohmes . M. D.
OF FATHER  (State or country)	fState the Discase Causing Death, or, in deaths from Violent Caus.s, state (1) Means of Injury and (2) whether
of MOTHER Rannie Offer	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrsmos. ds. State yrsmos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informan marshall Dandridge	usual residence
(Address) Malmit Ave Turners St	Cistury Demelere, apr 14, 30
15 Filed 4/13/30 Smlaarmile Registral	200 Moder Hoo mohen
If more banks are needed, address State Registras	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) tired 6 yrs). For persons who have no occupation en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Civil engineer. Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocetc., Williams, Laborer-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neceswithout more precise specification as Day Cotton mill; (a) Salesman. (b) Automobile factory. The material (a) the kind of work and also (b) the (6) Grocery;

Statement of Cause of Death—Name, first, the DISMASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup."); Typhoid fever (never report "Typhoid Pneumonia"); Jobar pneumonia, Bronchopneumonia ("Pneumonia,"

diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Uraemia," "Weakness," etc., whon a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) inges, perilonaeum, etc., approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably survide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. can be ascertained as the cause. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Whooping cough; Examples: A ceidental drowning; Struck by railway train ..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJUNY by Committee on Nomenclature of the Chronic Carcinoma, Sarcoma,, etc., of "Coma," "Convulsions," etc. valvular heart disease; The contributory Always qualify all

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A. Ithe data is essential and must be obtained before the certificate is permanently filed.

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RVED FOR BINDING	KTHIS	supplied.

PLACE OF DEATH  County Dallin ore  Village or City Owings Mills (No. Rosewood)	
2FULL NAME John Albart &	tion, give its NAME i stead of street nr number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH April 18 3 1930  (Month) (Day) (Year)
September 19th 19th (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I greended the decembed from JEBY 1920. to April 18 , 1920 that I last saw here alive on April 18 , 1920
7 AGE  14 yrs. 6 mos. 30 ds. or min.?	and that death occurred on the date stated above, at 6 45 p. n. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Futuale, of Ataly particular kind of work Futuale, of Ataly (b) General nature of industry Futlelules of for business, or establishment in which employed or (employer) Fieble Mindad  9 BIRTHPLACE (State or country)  Manyland	(Duration) yrs. / mos 2 / d  Contributory Secondary (Duration) yrs. mos d
10 NAME OF JUSTE Brady Davis	(Sigled) Trapell Olean M. I April 18 1926 (Address) aways Wills, M.
OF FATHER (State or country) Wany Candle or Country)  12 MAIDEN NAME Country U. Heist	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country)  May four	ients or Recent Residents)  At place 6 yrs. 4 mos. 3 ds. In the 14 yrs. 6 mos. 3 d.  Where was disease contracted of 3 ds. 4 d. 4 d. 4 d. 4 d. 4 d. 4 d.
(Informant) Fruit C. Klean (Address) Courty Mills Will	Where was disease contracted, at short of death if not at place of death?  Former or usual residence  Bullion or City, Und  19 PLACE OF BURIAL OR REMOVAL  Ballo Cen  Date of Burial  19 30
Filed Oprel 8 1920 A.M. Slade - Registrar	20 UNDERTAKER ADDRESS GOOFFILE OF THE PROPERTY

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#### ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of tired: 6 yrs). g ged in domestic service for wages, as Servant, Cook, Housemoid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, " etc., report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as For persons who have no occupation Locomotive engineer, (b) Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cercbrospinal Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemie cerebroto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISpneumonia, Bronchopneumonia ("Pneumonia,

> stated unless important. Example: Measles (disease American Medical Association.) tetanus) may be stated under the head of "contributory." "(E::haustion," "Heart failure," "IIaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Enhaustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom 10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; ..... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS state MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; etc. The contributory

answered in detail, it will prevent further correspondence. permanently filed. data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all qu stions Allthe

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	1PLACE	OF DE	ATH	+		
	County 6	alle	mve	u		
Vil	llage or City	LL NAM	lgal	rto	(No. C	East a
==	PERSON	AL AN	D STATI	STICAL	PARTICU	LARS
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		m	M	00440000000000000000000000000000000000	6	. 1882
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b	a) Trade, proparticular kind b) General natusiness, or est which employe	d of worl ature of i stablishme	ndustry ent in	rpin	ter	
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	FATHER	()	Man	, 9	and	
ENTS	11 BIRTHPL OF FATH (State or		Ten	,	1	
PARE	12 MAIDEN OF MOTH	~	nati	ind	hor	1-
	13 BIRTHPL OF MOTH (State or		In	m	essee	
14	THE ABOVE I	S TRUE	O THE BE	ST OF M	Y KNOWLE	DGE
	(Informant)	Con	in I	any		
	(Addr	ess)	3 + W	HIL	ralti.	mnhy 1
15	Filed 5	128	1030	m	lear.	enche?

Registrar

If more bianks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Reducting V. S. No. 1.

05251 STATE OF MARYLAND

CERTIFICATE OF DEATH Registration Dist. No.

> (If death occurred in a hospital or institu-Ward)

tion, give its NAME ir - stead of street and number.)

The second of th
(Month) 2 (Day) /9 (Year)
17 I HEREBY CERTIFY, That I attended the deceased from
1920. to May 1, 1920
that I last saw h devalive on 192.0
and that death occurred on the date stated above, at 324 m
The CAUSE OF DEATH * was as follows:
Concer of the sosophusus,
(Duration) yrs. 2 mos ds.
Secondary
(Duration) yrs. Mos. ds
Signed) M. D
mag = 1920 (Address) 06 3 - days -1 1.
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
8 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place In the frequency of death yrs
Where was disease contracted, f not at place of dea.h?
Former or isual residence

V. S. No. 1

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m.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specimeanine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stotionary fireman, etc. But in many tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it Physician, Compositor, Architect, first line will be sufficient, e.g., Former or Planter, sician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a single word or term on yrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) "(Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was under-(secondary Chronic interstitial nephritis, Whooping cough; (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart Measles; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

X	•	Y, PHYSI-
	CORD	chould be stated EXACTLY, P. it may be properly classified.
<u>0</u>	NENT	be state
BINDING	PERMANENT	chould it may

PLACE OF DEATH

County Baltimore

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

3 SEX	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED.	
	W, OR DIVORCED Ulcraced (Write the word)	16 DATE OF DEATH Cluther 1 , 1930 (Year)
6 DATE OF BI	Morember 25, 1893 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased for September 8 1930 to Detvice 2 2, 1952 that I lost saw her alive on October 22, 192
7 AGE	36 yrs. 3 mos. ds. If LESS than 1 day hrs. or min.?	TI CALLET OF BEATH & C.W.
(b) General business, or	rofession or sales lady sales lady nature of industry establishment in yed or (employer)	Carsinoma of right ling  (Duration) vis 12 mos.  Contributory Secondary
10 NAME FATHER	I Israel Berker	(Signed) (Duright No. 1930 (Address) Towson, Maryland
OF FAT	HER Cor country) Curope	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Mcans of Injury and (2) Whethe Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tr.
13 BIRTHI OF MOT	PLACE 0	ients or Recent Residents)  At place of deathyismosds. In theyrsmos
HOSPita (Informar	is true to the Best of MY KNOWLEDGE Records Personal History	Where was disease contracted, Unknown if not at place of deah? Unknown  Former or usual residence 234 distalls like Dalts 10
Eudowoo	d Sanatorium, Towson, Md.	Here of Burial or REMOVAL DATE OF BURIAL 10-22-, 13

V. S. No. 1

WRITE

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer-Cout mine, etc. woun-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement.
Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-" etc., or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer -- Coal minc, etc. Womyrs). without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEAL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiral fever (the only definite synonym is "Epidemic cerebrospiral meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Whooping cough, Chronic interstitial nephritis, etc. The N (secondary or can be ascertained as the cause. Always qualify all ringes, perilonacum, etc., approved by Committee on Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stited unless important. Example: Measles (disease American Medical Association.) carbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi intercurrent) affection need not be Carcinoma, Sarcoma, etc., of valvular heart Nomenclature of the contributory Measles ; disease;

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answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

MARGIN

#### REVISED UNITED STATES CERTIFICATE OF DEATH STANDARD

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationery fremen, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative healthgaged in domestic service for wages, as Servent, Cook, Housement, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc.. (a) Foreman, (b) Automobile factory. The material Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus: Furmer ( cstate occupation at beginning of illness. If retired from to report specifically the occupations of persons enployed, as At school or At home. Care should be taken whatever, write None. or given up on account of the disease causing Death, Statement of Occupation - Precise statement of oc-For many occupations a single word or term on 6 91.8.). £. 11 without more precise specification as Home, and children, not gainfully em-For persons who have no occupation The ques-Day

spinal meningitis"); Diphtheria (avoid use of "Croup" Li EASE CAUSING DEATH (the primary affection with respect Lobor pneumonia, Bronchopneumonia ("Pneumonia," Tuphoid fever (never report "Typhoid pneumenia"): fever (the only definite synonym is "Epidemie carelyoed term for the same disease. Examples: Cerebrospi to time and causation), using always the same accon-Statement of Cause of Death-Name, first, the his

> nges, peritonacum, etc., Carcinoma, Sarconac, etc., or ...... (name origin; "Cancer" is less definite; avoid conditions, such as "Asthenia," "Anaccia" ary), 10 ds. Never report mere symptoms or terminal use of "Tumor" for malignant ueoplasms); inqualified, is indefinite); Tuberculosis of lungs, menhead of "contributory." (Recommendations on state-ments of eause of death approved by Committoe on diseases resulting from childbirth or miscarriage as rhage." "Inauition." "Marasmus," "Old Age." "Shock," "Dropsy." "Exhaustion," "Heart failure," "Haemorvulsious," symptomatie), "Atrophy," "Collapse," "Coma," stated nules important. Chronic interstitial nephritis, etc. quences (e.g., sepsis, totunus) may be stated under the train-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For violent beates state means of injuny State cause for which surgical operation was under-"Puemperal septicuemia." "Puemperal peritonitis," ean be ascertained as the cause. "Uraemia," "Weakness." etc., when a definite discase (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart American Medical Association.) Poisoned by carbolic acid-probably suicide. The na-Examples: of the injury, as fracture of skull, and consedeath), 29 ds.; Bronchopneumonia "Debility" ("Congenital," "Senile," etc.), Acoidental drowning; Struck by railway Carcinoma, Sarcoma, etc.. of Example: Measles (disease Always qualify all The contributory Meastes; discase; (merely (secondetc.

If this certificate is le ked over thoroughly and all quesabswered in detail, it will prevent further correspondall the data is essential and must be obtained before lificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	013"0 STATE OF MARYLAND
County Baltimare	CERTIFICATE OF DEATH
	Registration Dist. No. 3
Village City Woodlerock (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jamel While (Married, Married, Married)  Tourist (White the word)	16 DATE OF DEATH 192 (Month) (Day) (Year)
February 19 1890	17 I HEREBY CERTIFY, That I attended the deceased from 1925 to 14 1 1, 1936, that I last saw h alive on 744 13 42 , 1931.
(Month) (Day) (Year)	and that death account on the data stand above to
7 AGE   If LESS than   I dayhrs.	The CAUSE OF DEATH * was as follows:
39 yrs. 11 mos. 26 ds. or min.?	
(a) Trade, profession or none lufe	discont for
(b) General nature of industry business, or establishment in	(Duration) 2 yrs. many da
which employed or (employer).	Contributory Comline Tue Prilat
9 BIRTHPLACE (State or country) Maryland	Secondary 3
10 NAME OF Charles L. Opplegarth	(Signed) (Address) 2621/3/4/66 9
OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of Mother Jama V. Parson	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or country) Virginia	At place of death yrs mos ds. State yrs ds. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Longe R. Debram	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Woodlerock, ned.	Dried Ridge Ceen Feb 17th, 1930
Filed theb 16 1920 And Bella	Lenne Krenkein for Color of
If more banks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. Ro. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g. . Farmer or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return 'Laborer," "Forcman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, et .. But in many Physician, Compositor, Architect, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-For many occupations a single word or term on yrs). without more precise specification as Doy For persons who have no occupation Locomolive engineer, The ques-

Statement of Cause of Death—Name, first, the disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrospinal fever (the only definite synonym is "Epidemic cerebrospinal menic, idis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Typhoid fever (never report "Typhoid Pneumonia";

telunus) may be stated under the head of "contributory carbolic acid-probably succide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma., etc., ef . . . . . . (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan-be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); American Medical Association. Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY resulting from childbirth or miscarriage cough, Chronic Example: Measles (disease etc. valrular heart The contributory " "Convulsions, " Shock," discuse; Measles,

If this certificate is licked over thoroughly and all quiving angwered in detail, it will prevent further correspondence. ... he data is essential and must be obtained before the certificate is permanently filed.

7. S. No. 1

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(Approved by U.S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Screant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day tion applies to each and every whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enlaborer, Foreman, For many occupations a single word or term on or yrs). Farm laborer, Laborer-(b) Cotton mill; (a) Salesman, At Home, and children, not gainfully em-(6) For persons who have no occupation Automobile factory. The material -Coal mine, etc. person, irrespective of (b) Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cciebroed term for the same disease. Examples: Ccrebrospino EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> American Medical Association.) tetonus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Example: Measles (disease (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meosles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee Examples: Accidental drowning; Struck by railway troinperilonacum, etc., Carcinomo, Sorcoma, etc., of ... (name origin; "Cancer" is loss definite; avoid Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic valvular on etc. The contributory Nomenclature of the heart disease not be

answered in detail, it will prevent further correspondence. All the and is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all questions permanently filed

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V. 8.

	PLACE OF DEATH	
		County Balto. Co
	Vil	lage or City Chesapeak (No.
certificate		2 FULL NAME andrew G.
of certif		PERSONAL AND STATISTICAL PARTICU
ck of	3 8	Male White Single, Married, Widowed, OR DIVORCED (Write the word)
on ba	6 1	DATE OF BIRTH
		(Month) (Day)
non.	7 /	/ yrs. 4 mos. 23 ds.
	Ja V	CCUPATION  a) Trade, profession or barticular kind of work  b) General nature of industry  b) usiness, or establishment in by  which employed or (employer)
Impo	9 E	(State or country) Balto, Md.
is very important.		10 NAME OF John Dedaux
NO	ENTS	OF FATHER (State or country) St. Mary, Co.
PAT	PAR	of MOTHER Ruth & Wall
occo		OF MOTHER (State or Country) St. Mary Co.
statement of OCCUPATION	14	(Informant) John Dedaux
ateme	(Address) Chesakeske Hence	
ste	15	Filed Nov. 21 B 1923 & Muslom

1	")	ph	1	n
1	()	()	4	0

PARTICULARS

If LESS than I day hrs.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.:	Ward)	(If death a hospital tion, give i stead of number.)	or in	titu E i
CERTIFIC				

Lauf St.: Ward	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)			
MEDICAL CERTIFICATE	OF DEATH			
16 DATE OF DEATH NOV. 20 , 1920 (Year) (Year)				
17 I HEREBY CERTIFY, That I at	or 20 50 , 1923 Q			
and that death occurred on the date stated.  The CAUSE OF DEATH * was as follows:	1983 0, 1 above, at // 20 a. m.			
Whooping Co	ougl			
Contributory (Duration) (Duration) (Secondary (Duration)	yrs. //2 mos			
(Signed) August 1980 (Address)	rove Port Md			
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.				
18 LENGTH OF RESIDENCE (For Hospi ients or Recent Residents)	tals, Institutions, Trans-			
1	teds.			
Where was disease contracted, if not at place of death?				
usual residence	***************************************			
Western Cemetery	Nov. 21, 19 31			
29 UNDERTAKER	ADDRESS			

If more blanks are recorded, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Leorge W. Linkler

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as  $\nu uy$  laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physicum, whatever, write None. household only (not paid Housekeepers who receive a to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Committee on Nomenclature of the Chronic etc. The valvular heart disease; contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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Village or City Towson (No. 7 # 1/10	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  (If d-ath occurred in a hospital or institu- tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  A COLOR OR RACE  SINGLE, MARRIED, Dworced. Wildowed. OR DIVORCED (Write the word)  6 DATE OF BIRTH	16 DATE OF DEATH OCTOBEY 5, 192.0.  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from Deptem December 27,192.0. to October 5, 192.0.
7 AGE (Month) (Day) (Year)  7 AGE   If LESS than   day	and that death occurred on the date stated above, at 4:050m.  The CAUSE OF DEATH * was as follows:
a Doccupation (a) Trade, profession or particular kind of work  A 10/01 22 23 Returned	Cerebral Hormorrhoge.
(b) General nature of industry business, or establishment in which employed or (employer) Electric Railways  BIRTHPLACE (State or country)  10 NAME OF	Contributory Kujuc released to the condary  (Durstion) yrs. mos ds.  (Durstion) yrs. mos ds.
11 BIRTHPLACE OF FATHER (State or country)  (State or country)  OFFICE O	(Signed) M. D.  *State the I'iseaso Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homleidal.
OF MOTHER CHAMPATINE STEEN	10 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)  At place In the
OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos. ds. State yrs mos ds.  Where was disease contracted, if not at place of dea h?
(Informant) Margaret & Doylo (Address) 7 allegheny ave	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Oct. 8, 1930  20 UNDERVAKER  ADDRESS / 2/7
Filed Of 5 190 Registrar  If more banks are needed, addre, a tate Negistrar	Town Gook St Paul  16 W. Saratoga St., Balto., Requesting V. S. No. 1.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation er,' etc., Without muse record mine, etc. laborer, Farm laborer, Laborer-Coul mine, etc. Spinner, (b) Cotton mill; (a) Sulesman, (b) Grocery; should be used only when needed. As examples: (a) cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g.. Farmer or Planter, tion applies to each and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken household only (not paid Housekcepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day (b) Automobile factory. The material

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> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uracmia," "Weakness," etc., when a definite disease st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death tctanus) may be stated under the head of "contributory. carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as accidental, suicidal or Homicidal, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) Whooping "Atrophy." "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic valvular heart etc. affection need Nomenclature of the The contributory not disease;

answered in detail, it will present further correspondence. All the data is essential and bust be obtained before the certificate is permacently filed. If this certificate is looked over thoroughly and all quistions

V. S. No. 1

	PLACE OF DEATH	242 STATE OF MARYLAND
	County (1) all	CERTIFICATE OF DEATH
	- Charles Dark	Registration Dist. No. 4 1
	2 FULL NAME KENNETH	St.: Ward) (If death occurred In a hospital or institution, give its NAME Instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1	3 SEX 4 COLOR OF RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH /U. 15 , 1930  (Month) (Day) (Year)
	6 DATE OF BIRTH  Aug. 23 , 1 930	17 July 1 HEREBY CERTIFY, That I prended the deceased from 1930. to 15, 1930.
	7 AGE (Month) (Day) (Year)	that I last saw halive on 1923()
	yrs. 2 mos. 22 ds. or min.?	and that death occurred on the date stated above, at
State	(a) Trade, profession or particular kind of work	Grueleo Trecervencea.
The state of the s	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) Tree mos ds.
	9 BIRTHPLACE (State or country)	Contributory Secondary  (ACC)  (Duration)  Vers de
	10 NAME OF SAMUEL A DE GLASS	(Signed) (Signed) (Signed) M. D.
	11 BIRTHPLACE OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
	of MOTHER MMAS. Maskens	Accidental, Suicidal or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY NOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) Caspare 1. De Gras	Former or usual residence
	(Address) Chesapo Park	Sedantillem 11/12, 19.30
	Filed Nov. 16 100 19 G. Connelly	20 UNDERTAKER ADDRESS / 3000 Baltoll.
	If more branks are needed, address tate Registrar,	W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocployed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salcsman. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neceswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Housemaid, etc. If the occupation has been changed r," etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6) Grocery;

Statement of Cause of Death—Name, first, the DISEAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death American Medical Association.) (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

5

	act	PLACE OF DEATH	19178 STATE OF MARYLAND
	E G	County Baltimore	CERTIFICATE OF DEATH
<b>•</b>	ed.		Registration Dist. No.
Q	asit.	Village or City Catonsville (No. 8	Hilton are see Ward) a hospital or institu-
COR	ly classificate.	2FULL NAME Laura V. Del	tion, give its NAME Is stead of street and number.)
•	oper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ANE	be st be pr ck of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) Married	16 DATE OF DEATH Oct. 27, 1930
ERM	should tit may s on bac	6 DATE OF BIRTH	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from  1927. to OCT, 20, 1920
1	- W W	(Month) (Day) (Year)	that I last saw h all alive on Oct 27 , 192 C
G INKTHIS IS	ed. ACE	7 AGE    If LESS than	
	piled rms instr	624 yrs. 4 mos. 16 ds. or min.?	The CAUSE OF DEATH * was as follows:
	000	8 OCCUPATION (a) Trade, profession or	Telergulas asterites of nech
	be carefully su EATH In plain to important. See	particular kind of work	a clest
		business, or establiahment in which employed or (employer)	(Duration) yrs. 6. mos. ds.
DIN		9 BIRTHPLACE	Contributory Dealles Wellets
FA		(State or country) Batto Ma	(Durstion) b yrg nos ds.
⊃ .	F D	10 NAME OF FATHER OF DELLA STATES	(Signed) Was fall 18 Was M. D.
T.	E S	II BIRTHPLACE OF FATHER	Ut 27 19230 (Address) Calouxvelle ly
WI	NON	Z (State or country) 13 a Charles	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	CA SATI	of MOTHER anse Vallers	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
i i	state CCUP/	13 BIRTHPLACE OF MOTHER	At place In the of deathyrsmosds. Stateyrsmosds.
	00	(State or Country)	Where was disease contracted, if not at place of dea.h?
Ш	shoul ent of	(Informant) Mr. Charles S. Dell	Former or usual residence
WRIT	ANS	(Address) & Hilton ave. Cotons. W	Loudon Park Come Och 29. 1930
1	0 0	15 10/2 in Kleft Lead	20 UN DERTAKER ADDRESS

If more blanks are needed address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S./ho. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a business, that fact may be indicated thus; Farmer (re-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid Pneumonia"); (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> Lelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, approved by Committee on Nomenclature of the tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercausing death), 29 ds.; Bronchopneumonia (secondary), Examples: Accidental drowning; Struck by railway train-Whooping Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic valvular heart disease; nephritis, etc. The contributory Always qualify all

Snawered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all questions

MARGIN R	AIN, WITH UNFADING	
	AIN	
	WRITE	
S. No. 1	7	i

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	PLACE OF DEATH  County Balts Go	() 768 () STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
	Village or City Richerson (No	St.: Ward)  (If denth occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
N N	Male White Single, Wildowed.  Male White OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day), (Year)
	6 DATE OF BIRTH  (Month)  (Day)  (Year)	that I last saw hamalive on Ally 6 , 1926
	7 AGE    If LESS than   day hrs.   1 day hrs.   or min.?	and that death occurred on the date stated above, at 5.00 Rm. The CAUSE OF DEATH * was as follows:
	(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	turnes of Dr. Dandy at the John Happins  Hospital Quett (RiDurstion) 3 yrs nos ds.  Contributory Secondary  (Durstion) Ayrs mos ds.
	10 NAME OF FATHER MOVE and Hempsey  11 BIRTHPLACE OF FATHER (State or country) Mary land  12 MAIDEN NAME)	(Signed)
	of MOTHER TO OTA Dusley  13 BIRTHPLACE OF MOTHER (State of Country)  13 allianum	lents or Recent Residents)  At place of death
	(Informant) Margan H. Denfrey  (Address) Adeny vol My	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  PATE OF BURIAL  PATE OF BURIAL  PATE OF BURIAL  PATE OF BURIAL
	Filed by 19230 M. Dylle Registran  If more branks are needed, addre. a State Registrar	JUNDERTAKER ADDRESS JULIAN Server Julians , V6 W. Saratogn St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from laborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed ployed. as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-(b) Cotton mill; (a) Salesman. without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material Coul minc, etc. Wom-8 The ques-Groccry,

Streement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiuul fener (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart tanue," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-'Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," Chronic valvular heart disease; etc. The contributory

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A ROLL

important

Every item of informat should state CAUSE O OCCUPATION is very

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#### 1 PLACE OF DEATH

Baltimore County .....

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City BrookTandville, Mine Hillside Rd.

St.; Ward)

if death occurred to a hospital er institution, give its NAME instead of street and number.]

FULL NAME CATHERINE INEZ DEMUT	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single Markied, Divorced or Divorced (Write the word)	(Month) (Day) (Year)
February 20th, 7901 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from Sex 28, 1928, to may 14, 1920, that I last saw halve on hery 12, 1920
7 AGE 29 yrs 2 mos 24 ds OR min.?	and that death occurred on the date stated above, at
occupation (a) Trade, profession, or Sales Lady particular kind of work  (b) General nature of industry business, or establishment in Henry Jones	Carcinoma J Colori
9 BIRTHPLACE (State or country)  Forest Hill Md.  10 NAME OF FATHER  William D. Base	Contributory deleurenaloris of auties alalane Secondary  (Signed)  (Signed)
D 11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME Sweet Air Md.	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of Mother Florence Preston  13 BIRTHPLACE OF MOTHER (State or country) Harford Co. Md	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,  OR RECENT RESIDENTS)  Al place  of death
(informant) F. Elizabeth Base	Where was disease contracted, If not at place of deeth?  Former or asuat residence
Flee May 14. 1913e DE & Tuelos REGISTRAR	ProspectHill emetery May 16, 75%  Towson, Md.  Address  1003 W. Balto.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., Spinner, (b) Cotton mill; (a) Salcsman. (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid *Househeepers* who receive a definite salary), may be entered as *Housewife*, *House*en at home, who are engaged in the duties of the loborer, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, (b) Automobile factory. The materia For many occupations a single word or term on yrs). For persons who have no occupation Form laborer, Loborer-Coal mine, etc. Womwithout more precise specification as Doy Compositor, Architect, Locomotire engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerehrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

"(Inanition," "Marasmus, Olu Age,
"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, aceident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Branchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Careinoma, Sorcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Whooping cough; American Medical Association.) Recommendations on statement of cause of Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as Committee on Nomenclature Chronic etc. volvular heart The contributory diseose; death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

1 1 1 1		14659		
PLACE OF DEATH		5	STATE OF	
County/Daltimore		(129)	CERTIFICATE	OF DEATH
			Registration	Dist. No. 30
Villago or City Caton serllero. E	,		petal Ward	tion, give its NAME in- stead of street and
<sup>2</sup> FULL NAME CLICATION	tode	umer		number.)
PERSONAL AND STATISTICAL PART	ICULARS	MED	ICAL CERTIFICATE	OF DEATH
Famale White Single. Married, Wildowed Or Divorced (Write the word)		16 DATE OF DEAT	H Dee (Month)	/2, 1923a (Day) (Year)
6 DATE OF BIRTH		17 / I HERE	BY CERTIFY, That I att	
Robot 8	1850	Kens	4 1920. to a) Q	E/2, 1923 G
(Month) (Day)	) (Year)	that I last saw ha	alive on QQ	ell 19234
7 AGE	If LESS than	and that death occ	urred on the date stated	labove, at 4 - Am.
7/ 2 2	I day hrs.	The CAUSE OF DE	ATH * was as follows:	
// yrs. <u>3</u> mos. <u>3</u>	_ds. ormin.?	000000000000000000000000000000000000000		••••••••••••••
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in		Chr. 8	kstetus	Replantin
			(Duration)	yra. 3 mos. ds.
which employed or (employer)			Prheti -5	Pornie.
9 BIRTHPLACE (State or country) Man la	ud.	Secondary	(Durstion)	yre mos ds.
10 NAME OF FATHER CO. O. A. M. M. M.		(Signed)	e Edu G	anell M.D.
M 11 BIRTHPLACE	5		220 (Address) 5002/10	
(State or country)	4/	*State the Violent Causes, Accidental, Suicid	Disease Causing Death, atate (1) Means of Irelator Homicidal.	or, In deaths from a jury and (2) Whether
of MOTHER Chiabethe	Ednied		RESIDENCE (For Hospi	tals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	2	At place of deathyrs. 6		ie7/ yrs 3 mos 3 ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNO	WLEDGE	Where was disease of	ontracted, in Liel	to med
(Informant Paran Dett n	rer	Former or usual residence	alterin	nut
(Address) 2022 Grant	and and	19 PLACE OF BUR	IAL OR REMOVAL	DATE OF BURIAL
11 (10-1		20 UNDERTAKER	n oundery	ADDRESS
15 Filed 192, 192,	Registrar	nnn	Contern	22387
If more bianks are needed, and	A State Gogistra	r, 16 W. Saratoga St	., Balto., Requesting V.	S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesmon. (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (0) sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocloborer, Form laborer, Loborer-Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; if nature of the business or industry, and therefore an Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, c.g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foroman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Doy For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of American Medical Association.) tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by roilmay troin-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic valvular heart disease; Example: Measles (disease etc. The contributory

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1931

V S. No

PLACE OF DEATH	STATE OF MARYLAND
County Allume	CERTIFICATE OF DEATH
P.O. 130	X 24. Registration Dist. No. 444
Village or City Jones Cult . (No. Sparrow	St: Ward) (If death occurred in a hospital or institution, give its NAME is
2 FULL NAME Welliam M	retacle, stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white Springle, MARRIED, MIDOWED, Syland OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH LLC 19 , 1930 .  (Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h / 24 alive on sice 19, 1930,
7 AGE [If LESS, than	and that death occurred on the date stated above, at 10:30 Pm.
l day hrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.?	Aremarure - e morelles.
(a) Trade, profession or	
particular kind of work  (b) General nature of industry	
business, or establishment in House	
9 BIRTHPLACE (State or country) Baltimpe Co.	Contributory Secondary
10 NAME OF	(Duration) yre mos de,
FATHER John / Lerry Willsch.	(Signed) M. D.
OF FATGER (State or country) Balto, Co. W.	*State the lis ase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Helen Pettinger.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Balto. W.	At place of death yrs ds. State yrs ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, it not at place of dea h?
(Informant) John Dietschy	Former or usual residence
(Address) Sparrows Voeut 116	Mount Carmel Een. Nec. 24, 1930.
File Dec 21 1922 & GMc Comicol the	20 UNDERTAKER Lilby & Jeiler Inc. 4018. Work It.
If more hanks are needed addre a tate Kegistrar	16 W. Stratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the dutics of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. laborer, report specifically the occupations of persons enfirst line will he sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-(b) Cotton mill; (a) Salesman, (b) without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material -Coal mine, etc. Wom-But in many Grocery;

Statement of Cause of Death—Name, first, the DISEACE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Enhaustion," "Heart lanure, recommender, "Shock, "Inanition," "Marasmus," "Old Age," "Shock, admits disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Enhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railwoy train-"Uraemia," "Weakness," etc., when a definite discase (secondary American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms of terminal condicough; or intercurrent) Chronic Example: Measles (disease valvular hcart ctc. The contributory affection need not be Measles; disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N B.--Every item of information should be carefully supplied ACE should be stated EXACTEY, PHYSI-CIANS should state CAUSE OF DEATH in plain torms so that it may be properly classified. Exact CORD WITH UNFADING INK---THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE P V. S. No. 1

PLACE OF DEATH	0164 STATE OF MARYLAND
County Catternal	CERTIFICATE OF DEATH
County	Registration Dist. No. 30
Village or City Catensville (No. 19 7	orest Drive St.: Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME / Illians C	istuly stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED MIDOWED CR DIVORCED (Write the word)	16 DATE OF DEATH Jan 16 , 1920.  (North) (Day) (Year)
B DATE OF BIRTH	I HERELY CERTIFY, That Ottended the deceased from
(Youth) (Day) (Year	
7 AGE IfLESS the I day h	
5 4 yrs. 8 mos. 4 ds. or mir	
(a) I rade, profession or featout	Javo - V numous
(b) General nature of industry Busines	a4.
business, or establishment in which employed or (employer)	(Duration)
O DIRTURIACE	Contributory Medical Ville
(State or country) Battimore MA	OECITALIST (Duration) yes, most most
10 NAME OF 1 0 4	(Signed) MARLY M.
FATHER John Leetsch	1/10/1970 (Address) 3/57 Wilker
OF FATHER	77.0
Z (State or country) emany	Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of Mother Latheuno Rensch	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran- ients or Recent Residents)
13 BIRTHPLACE	At place In the
OF MOTHER (State or country) Camarily	of death yrs mos. ds. State yrs nos.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
16 to 40 to	Former or
(Informant) stelle Sielsen	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 10 Forest Drive	Loudon Park Jan 20, 132
15 1/12 2 M/// Same	20 UNDERTAKER ADDRESS / 33 L
Filed P 1930 Allow Received	Hernon Ceepiner Hollings
	erar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As evanuates: of additional line is provided for the latter statement it nature of the business or industry, and the sary to know 'a the kind of work and also the Civil engineer, She inverty froman, et . tion applies to each and every presen, irrespective of fulness of various pursuits can be known. The quescupation is very im organt, to that the relative health Statement of Occupation Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, d.finite salary), may be entered as Housewife, Houseen at home, who are engaged in the worked on may form part of the second statement. Vererreturn 'Laborer," "Foreman," "Manager," "Deal-Spinner, cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., I'muser or Planter, or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed played, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physician, whatever, write None. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, (b) Cotton mill; (a) Selesman. without more precise specification as Compositor, Archived, For persons who have no occupation (2) Automobile feators. The Laborer-Coal mine, etc. Wom-Locomolive engineer, duties of the But in many ef re an minrial 1 11. 173,

Statement of Cau e of Death—Name, first, the Disease Causing Dear in the printry affection with respect to time and causation, using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synanym is "Indemic cerebrospinal menia, itie"); Diphthena avoid use of "Chapping Typhoid fever (never report "Typhoid Pneumonia"). Lohar pneumonia Bronchopneumonia ("Pneumonia").

tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse." "Coma." "Convulzions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," inges, perilonaeum, etc., Carcinona, Sarcoma,, etc., of . . . . . . (name origin; "Cancer" is less definite; avaid "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease causing stated unless important. use of "Tumor" for malignant neoplasms); Messles; unqualified, is indefinite); Tuberculosis of lungs, mentelunus) may be stated under the head of "contributory carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poiso ed by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOWICH AL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-".PUERPERAL septicaemia," "PUERPERAL peritonities, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify : Il " Uracmia, (secondary Chronic interstitial nephritis, Whooping (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainas fracture of skull, American Medical Association.) Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), by Committee on cough, or intercurrent) Chronic and consequences e Example: Measles (Cineuse affection need etc. The contributory vulvular heart Nomenclature of the not be clc.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. The data is essential and must be obtained before the cartificate is permanently filed.

PLACE OF DEATH County Dalto m	05253	STATE OF MARYLAND CERTIFICATE OF DEATH
D	(31)	Registration Dist. No.
Village or City atmostle (No	Tests	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE OF DEATH
Nale Matr Single, Married, Widowed Leag (x)  (Write the word)	16 DATE OF DEATH	May 13, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH  (Month)  (Day)  (Year)	that I last saw h	CERTIFY, That Intended the deceased from 3, 19270, alive on 19270,
7 AGE  35 yrs. 2 mos. 13 ds. or min.?	The CAUSE OF DEAT	red on the date stated above, at //m, 'H * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry	elos	is I when
business, or establishment in which employed or (employer)		Duration) yra da.
9 BIRTHPLACE (State or country) Baltunov Ind	Contributory Secondary	(Diffetion) 2 de.
10 NAME OF FATHER DUNY D DIETY	(Signed)	(Address) 1729 L. C.
OF FATHER (State or country) Bullyun Mil	*State the I is Violent Causes, st Accidental, Suicidal	sease Causing Death, or, in deaths from ate (1) Means of Injury and (2) Whether or Homicidal.
of MOTHER da Bass	18 LENGTH OF RES	SIDENCE (For Hospitals, Institutions, Transsidents)
OF MOTHER (State or Country) / altrum Mid	At place of deathyrs	racted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea Former or usual residence	
(Address) Colouroul	19 PLACE OF BURIA	OR REMOVAL DATE OF BURIAL
(Address) Charles 15 Filed 5/14 193 All Suchar Registras	29 HINDER AKER	with Most wir
If more b.anks are needed, addre s. Jate Kegistra	r, 13 W. Saratoga St., I	Salto., Lequesting V. S. I.o. 1.

(Approved by U. S. Census end American Fublic Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more province, etc. Wom-laborer, Farm loborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (o) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stotionory fremon, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Flanter, tion applies to e.ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Never return "Laborer," "For man," "Nanager," "Dealto know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). For persons who have no occupation (b)

Streement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal menin, itis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E:haustion," "Heart failure," "Ilaemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease st\_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Meosles; ..... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railwoy troinor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-Chronic interstitiol nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY cough; Chronic valvular heart diseose; etc. The contributory affection need not be

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SV. Jamo Katzentry H

V. S. No. 1

	1	, PHYSI-
	ORD	d EXACTLY
BINDING	PERMANENT I	should be state
RGIN RESERVED FOR BINDING	NFADING INKTHIS IS A PERMANENT I	d be carefully supplied. ACE should be stated EXACTLY, PHYSI- DEATH in plain terms so that it may be properly classified. Exact with interest Coe instructions on hack of certificate.

PLACE OF DEATH	0165 STATE OF MARYLAND
County Balta	CERTIFICATE OF DEATH
	Registration Dist. No. 33
Village or City Uslesson (No.	St.: Ward) (If death occurred in
A THE	a hospital or institu- tion, give its NAME in- stead of street and
2 FULL NAME Florence Digg	O number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. A. C. L.	16 DATE OF DEATH
WIDOWED OR DIVORCED	Jan 2 , 1928 6
SCHOOL Write the word)	(Month) 2 (Day) 936 (Year)
han a	Oce 10 1929 to Jan 2 , 1927.
(Month) (Day) (Year)	that I last saw her alive on dec 30 192 2.
7 AGE   If LESS than	and that death occurred on the date stated above, at
h f. n l day hrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.?	
(a) Trade, profession or particular kind of work	Carclese Vusuffreen
particular kind of work House work	
business, or establishment in which employed or (employer)	(Duration)mosds.
9 BIRTHPLACE	Contributory Myrcudic Secondary
(State or country) Baller Co MO	(Duration) yrs. 2 mos
10 NAME OF FATHER POWER TO THE PARTY OF THE	(Signed) M. D.
11 BIRTHPLACE	Jan 3 19By (Address) Physican my
OF FATHER	
Z (State or country) Juli Co	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Many Auls	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country) MONYLand	of deathmosds. Stateyrsds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Malisde washinglan	Former or usual residence
Audial mod	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) UNIMALIC (MV)	Jeney have lumling yan 1 7. 1930.
15 Filed Jan 3rd 1922 A. M. Blade	20 UNDERTAKER ADDRESS
Registrar	I Char Language our on a
If more blanks are needed, address State Registra	r, 19 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work; definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. eupation is very important, so that the relative healther," etc., eases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealto report Foreman, (b) Automobile foctory. The materia For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm loborer, Loborer-(b) Cotton mill; (a) Salesman. without more precise specification as Day specifically the occupations of persons For persons who have no occupation -Coul minc, etc. Wom-(b) The ques-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by lelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (c. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; use of "Tumor" for malignant neoplasms); Measles, inges, peritonoeum, etc., Carcinomo, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJURY Committee on Chronic valvulor heart disease, etc. The contributory Nomenclature Always qualify all

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N. B.-Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly blassified. Exact WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING

WRITE

PLACE OF DEATH	STATE OF MARYLAND
County Ballo	CERTIFICATE OF DEATH
1 1 20	Registration Dist. No. 3
Village or City Cavengo Marson	St.: Ward) (If death occurred Ir a hospital or institu
2FULL NAME GUBILE & 7	tion, give Its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. Maruel OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from  Mile 1927 to 16 16 1923
(Month) (Day) (Yesr)	that I last saw har alive on ach 10, 1922 4,
70 yrs. — mos. /2 ds. or min.	. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	mitral Insefficieny
(b) General nature of industry usiness, or establishment in	(Duration) yrs 18 mos ds
which employed or (employer)	Contributory Secondary
1D NAME OF	(Signed) IN, The Shade M. D.
11 BIRTHPLACE	(Signed) M. D.  Oct 17 19270 (Address) Description M. D.
OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Cherebelk belles	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Maryland	At place of death yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Hosical wesney	Former or usual residence
(Address) Owing 7 Mills my	Marant Hill amete Cet 13, 1930
Filed Och 13 19236 STMSlade Registrar	DE Eline Rushestour MI
If more bianks are needed, address State Registra	or 76 W. Saratoga St., Balto., Requesting V. S. No. 1.

101HO

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid approved by Committee on (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as " "Marasmus, " "Old Age, " "Shock," Chronic etc. The contributory valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

			112
		PLACE OF DEATH	08956 STATE OF MARYLAND
	C	County & allinnor	CERTIFICATE OF DEATH
		01.	Registration Dist. No. 44
certificate.	Vill		Ward)  (If death occurred In a hospital or institu- tion, give its NAME Is- stead of street and number.)
cert	1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ok of	3 5	4 COLOR OR RACE SINGLE, MARRIED, MIDOWED OR DIVORCED OR DIVORCED OR DIVORCED	16 DATE OF DEATH Ong. 18, 1930
pa	12	made /////// (Write the word)	fonth) (Day) (Year) 17 O I HEREBY CERTIFY, That I attended the deceased from
uo	6 D	ATE OF BIRTH	1930 to 1930
ons		(Day) (Year)	that I last saw he dilive on 9/16. 1930
struotion	7 A		and that death occurred on the date stated above, at
instr		74 yrs. 0 mos. 15 ds. or min.?	The CAUSE OF DEATH * was as follows:
See ii	8 O	Trade, profession or Alamo	myve and son
	pa	rticular kind of work // // // // // // // // // // // // //	& Asegennaled
tant	bu	siness, or establishment in hich employed or (employer)	Montgration Jalence
important	-	IRTHPLACE A O C	Contributory Of Culture
		(State or country) Maryland	(Duretion) mos de.
very		FATHER HERDENICK Seling	(Signed)
00	S	II BIRTHPLACE OF FATHER	*State the Disease Causing Death, or, in deaths from
NOI	N N	(State or country) Vermany	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAT	PAR	OF MOTHER Caroline Wagel	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OCCO		13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsds.
of O	14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
		(Informage John R. Dodson	Former or usual residence
statement		(Address) Stermers Run	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
sta	15	Filed ang. 20 1910 John Glowell	Frodonick Lasson for Sto Blair Rd
	-	If more branks are needed, addres State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material etc., For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJUNY Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. classifi EXACTL .....Ward) (If death occurred in a hospital er institu-tion, give Its NAME ir-stead of street and roperly class certificate. number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX MARRIED. WIDOWED. BINDIN OR DIVORCED (Write the word) I HEREBY CERTIFY, That I attended the deceased 6 DATE OF BIRTH tion (Year) 0 and that death occured on the date stated above, at 300 4 0 7 AGE lifLESS than 1 I day hrs. The CAUSE OF DEATH \* was as follows: ds. or min.? mos. Ш OCCUPATION (a) Trade, profession or ER particular kind of work (b) General nature of industry S business, or establishment in  $\bar{\alpha}$ which employed or (employer) Contributory Secondary (State or country) MARGI Duration) 10 NAME OF FATHER 0 (Address) .. 11 BIRTHPLACE FNE OF FATHER \*State the Discase Causing Death, or, in Violent Caus s, state (1) Means of Injury and (2) whether (State or country Accidental, Suicidal or Homicidal. ATI 12 MAIDEN NAME œ 18 LENGTH OF RESIDENCE (For biospitals, Institutions, Trans-OF MOTHER state ccup/ ients or Recent Residents) CCU 13 BIRTHPLACE In the At place OF MOTHER of death. .... yıs......mos..... (State or country) Ö Where was disease contracted, should if not at place of death? Every Item CIANS sho statement Former or usual residence. If more blanks are needed, address State Registrar, A W. Saratoga St., Balto., Requesting V. S. Re. 1.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.

weer'd on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As example :: additional line is provided for the latter statement: it fulness of various pursuits can be known. business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. guged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken d inite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the nature of the business or industry, and therefore an cases, especially in injustrial employments, it is neces-Civil engineer, Stetionery firemen, et. But in many Physician, Compositor, Architect, Locomolive the first line will be sufficient, e. g., I'mmer or Planter, tion applies to each and every person, irrespective of cupation is very im ortant, so that the relative health Statement of Occupation Trecise statement of ocwhatever, write None. Housemoid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, to know or At Home, and children, For many occupations a single word or term on yrs). For persons who have no occupation Farm luborer, Laborer-Coul mine, etc. without more precise specification as Day (b) Automobile factory. The material 6 the kind of work and also (b the not gainfully em-(6) The onesengineer, Grocery; Wom-

spinal menta, itis"); Diphtheria avoid use of 'Croup fever (the and definite synonym is ". pidemic cerebroed term for the same discore. Ecamples: Cerebrospinat to time and causation, uning always the same accept-EASE CAUTING DEATT the near my affection with respect Stateme t of Cau e of Death-Name, first, the DIS Typhoid fewer (never report "Typhoid Pneumonia" pneumonia. Bronchopneumonia ("Pneumonia."

> as fracture of skull, and consequences (e.g., serwis, telanus) may be stated under the head of "contributory" "PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of . . . . . . . (name origin; "Cancor" is less definite : avoid carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head -homicide; Poiso ed by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOTHCH A ... State cause for which surgical operation was undercausing (secondary Chronic interstitial nephritis. use of "Tumor" for malignant neoplasms); approved Recommendations on statement of cause of death can be ascertained as the cause. Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association. Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS STATE MEANS OF INJULY death), 29 de.; Bronchopneumonia (secondary), by Committee on ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, or intercurrent) affection need not be Chronic Example: Measles (direcse pulvular heart disease; etc. The contributory Nomenclature Always qualify all Me :sles ;

answeredun detail, it will prevent further correspondence. be data is essential and must be obtained before the certificate is permanently filed. Sit't II certificate is I oked over thoroughly and all qr 'ions

S No. 1 >

PLACE OF DEATH County Sattoriole	03974 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 3
Village or City / SWEDY (No	St: Ward) (if death occurred in a hospital or institution, give its NAME in stend of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Married White Single. Married to work wildowed. White Write the word)	16 DATE OF PEATH (Month) (Day) (Year)
6 DATE OF BIRTH MIRESONN , 1	17 I HEREBY CERTIFY, That I attended the deceased from 192
7 AGE  (Month) (Day) (Year)  If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
a OCCUPATION  (a) Trade, profession or particular kind of work do not know  (b) General nature of industry business, or establishment in which employed or (employer)	Water about 3 woulds
9 BIRTHPLACE (State or country) do not huro	Contributory Secondary  (Signed)  (Signed)  (Signed)
OF FATHER  Z  W  12 MalDEN Name	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Meana of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State of Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	IS LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yis mos, ds. In the State yrs mos. ds  Where was disease contracted, it not at place of death?  Former or
(Informant)  (Address)  Filed afuil 15 1930 Mil Laste Registra	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  STUTY DELLA STATE  20 UNDERTAKER  DATE OF BURIAL  ADDRESS

(Approved by U. S. Census ɛnd American Fublic Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, er," etc., Spinner, (b) Cotton mill; (a) Salesman. (b) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Never return "Laborer," "For man," "Manager, worked on may form part of the second statement. Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, (b) Automobile factory. The material Architect, Locomotive engineer, Grocery; "", Deal-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) st\_ted unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Ilaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping ..... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the (Recommendations on statement of cause of death carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was underas fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as cough; Chronicetc. The contributory valvular heart

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every item of mr	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sta	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP!		
NENT RECORD	XACTLY. PHY	assified. Exact s		
HIS IS A PERMA	ould be stated E	lay be properly ch	TION is very important. See instructions on back of certificates.	
FADING INK-1	pplied. AGE sh	erms, so that it m	instructions on b	
NLY, WITH UN	be carefully su	EATH in plain te	important. See	
WRITE PLAI	mation should	CAUSE OF D	TION is very	
四〇	100	0		

BINDING

FOR

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ARGIN

HEALTH DEPARTMENT—CITY OF BALTIMORE				
CERTIFICATE  1-PLACE OF DEATH  Co. MAN COLAR OF	Balling RIGISTERED No. 42			
2-FULL NAME SURGE (No. VV	ST., WARD)  alto H Jules and number of street and n			
Leagth of residence in cily or town where death occurred ys. mös,  PERSONAL AND STATISTICAL PARTICULARS	ds. Kow long in U. S., If of foreign birth? yrs. mos. ds.  MEDICAL CERTIFICATE OF DEATH			
3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced, (write the word)	16 DATE OF DEATH (month, day, and year) Dec 181936			
5a If married, widowed, or divorced HUSBAND of or) WIFE of Jaa J Rolle	that I last saw has alive on DLC 18 19 30			
6 DATE OF BIRTH (month, day, and year) PT 23 1859 7 AGE Years Months Days If LESS than 1 day,hrs. ormin.	and that death occurred, on the date stated above, at 4, 30 P, m. The CAUSE OF DEATH* was as follows:			
(a) Trade, profession or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer).	duration) yrs. mos 3 ds.			
(c) Name of employer	(duration) yrs. mos. ds.			
9 BIRTHPLACE (city or town). Baufloud	if not at place of death?  Did an operation precede death?  Date of			
10 NAME OF FATHER SEO Rolle	Was there an autopsy?			
II BIRTHPLACE OF FATHER (city or town)  (State or country)  12 MAIDEN NAME OF MOTHER E	(Signed) (Address) 3214 Please at			
13 BIRTHPLACE OF MOTHER (city or town) (State or country)	*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)			
Informant 1952 Ida SI Rolle (Address) michiyan are Ballo, Healland	19 PLACE OF BURIAL, CREMATION OR RE- MOVAL  MOVAL  12/22/93			
15 Filed Dec 14, 1938 De Sor Kreffer Registrar	Toling Coward for and Follows			

[Approved by U. S. Census and American Public Health Asso.]

receive a definite salary) may be entered as House-wife, Housework or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic servers. examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automent; it should be used only when needed. examples: (a) Spinner, (b) Cotton mill; nature of the business or industry, and therefore an additional line is provided for the latter staterespective of age. For many occupations a single word or term on the first line will be sufficient, business, that fact may be indicated thus: Farmer (retired, 6 yrs.). For persons who have no occupation whatever, write None. account of the disease causing death, state occuice for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on Women at home, who are engaged in the duties of the household only (not paid Housekeepers who part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., especially industrial employments, it is necessary e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, occupation is very important, so that the relative Laborer, Farm Laborer, Laborer-Coal Mine, etc. mobile factory. The material worked on may form to know (a) the kind of work and also (b) the The question applies to each and every person, irhealthfulness of various pursuits can be known. pation at beginning of illness. If retired from without more Statement of Occupation .- Precise statement of precise specifications, as Day

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name ori-

soned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child birth or miscarriage dations on statement of cause of death approved consequences (e.g., sepsis tetanus) may be stated under the head of "Contributory." (Recommendental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poi sible to determine definitely. Examples: Acci tion was undertaken. For violent deaths state as "Puerperal septicemia," "Puerperal peritonior terminal conditions, such as "Asthenia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Conease causing death), 29 ds.; Broncho-pneumonia (secondary), 10 ds. Never report mere symptoms stated unless important. ondary or intercurrent) Medical Association. by Committee on Nomenclature of the American MEANS OF INJURY and qualify as ACCIDENTAL, SUIinterstitial nephritis, etc. ing cough, chronic valvular heart disease; Chronic mor" for malignant neoplasms); Measles; Whoop gin "Cancer" is less definite; avoid use of "Tu State cause for which surgical opera-Example: Measles (disaffection need not be The contributory (sec-

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN

V. S. No. 1

N.

PLACE OF DEATH	02613 STATE OF MARYLAND
County Bultmore	© CERTIFICATE OF DEATH
1 2 lal . 11 ad .	Registration Dist. No. 43
Village or City/ askelf wy (No) target 1800 2FULL NAME Asken Doershach	St: Ward)  (If death occurred In a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White SINGLE, MARRIED HAVINGOLOR DIVORCED (Write the word)	18 DATE OF DEATH  Basch 14, 19230  (Month) (Day) (Year)
DEC. 12, 860	HEREBY CERTIFY, That I attended the deceased from 1929. to Mcle 14, 19230
7 AGE (Month) (Day) (Year) U	and that death occurred on the date stated above, at
yrs. 3 mos. ds. or min.?  8 OCCUPATION (a) Trade, profession of famous particular kind of work	Chrone Mayocarditis
(b) General nature of industry business, or establishment in which employed or (employer) / ruck Rarm	(Durstion) yrs mos ds.
9 BIRTHPLACE (State or country)	Secondary Trany years (Duration) 7 mos. ds.
10 NAME OF FATHER SAMENDERS	(Signed) Morsis & Green M. D. Mille 16 1980 (Address) Hamilton Baltimos.
OF FATHER  (State or country)  12 MAIDEN NAME  1 MAIDEN NAME	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER MENOW  13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country) Wknow	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Address) Cookeling Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Ormale March 7, 1930
15 Filed 3/16 1980 SVA Fint Registrar	Fredh Lasalmodorla Finantes
If more blanks are needed, address State Registrar.	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi Chronic interstitial nephritis, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory "Atrophy," "Collapse," "Coma," "Convulsions, contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

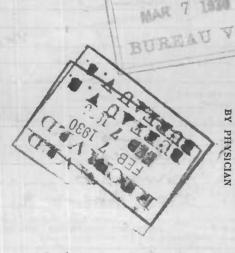
[Approved by U. S. Census and American Public Health Assn.]

Never return "Laborer," roreman, manager, "Dealer," etc., without more precise specification, as Day Laborer, Farm Laborer, Laborer—Coal Mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who are the content of the household only (not paid Housekeepers). EASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be worked on may form part of the second statement. employments, it is necessary to know (a) the kind of word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, who have no occupation whatever, write None. indicated thus: Farmer (retired, 6 yrs.). For persons has been changed or given up on account of the Disbe taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation wife, Housework or At home, and children, not gainfully employed, as At school or At home. Care should receive a definite salary) may be entered as Housevided for the latter statement; it should dustry, and therefore an additional line work and also (b) the nature of the business or in-Locomotive Engineer, Civil Engineer, Stationary Firerespective of age. For many occupations a single The question applies to each and every person, irhealthfulness of various pursuits occupation is very important, so that the only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Statement of Occupation .- Precise statement of Cook, Housemaid, etc. If the occupation But in many cases, especially industrial "Laborer," "Foreman," "Manager," can be known. be IS relative used pro-

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of . . . . . . (name origin

mere symptoms or terminal conditions, such as "As thenia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be as-"Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough, TION. statement of cause of death approved by Committee sequences (e. g. sepsis tetanus) may be stated under the head of "Contributory." (Recommendations on amples: Accidental drowning; Struck by railway train fy as ACCIDENTAL, SUICIDAL, HOMICIDAL, or as probably such, if impossible to determine definitely. Excause for which surgical operation was undertaken. septicemia," sulting from child birth or miscarriage as "PUERPERAL certained as the cause. Always qualify all diseases re-Bronchopneumonia (secondary), 10 ds. Never report nephritis, etc. Chronic valvular heart disease; on Nomenclature of the American Medical Associa-Example: Mcasles (disease causing death), 29 ds.; current) affection need not be stated unless important. nature of the injury, as fracture of skull, and con-—accident; Revolver wound of head—hom Poisoned by carbolic acid—probably suicide. For VIOLENT DEATHS state MEANS OF INJURY and quali-"PUERPERAL peritonitis," The contributory (secondary or interetc.), "Dropsy," Landing," Chronic interstitial head-homicide; etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS



ED 84

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind, of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from ployed, as Al school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, without more precise specification as Day For persons who have no occupation (6) Automobile factory. The material Laborer--Coal mine, etc. (b) Grocery,

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia") pneumonia, Bronchopneumonia ("Pneumonia,

> "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." "Tranition," "Marasmus," "Old Age, Snock, "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendation on statement of cause of death approved by (connectite on Nomenclature of the American Medical Association.) as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Debility" tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway train-"Exhaustion, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, " "Marasmus," "Old Age," "Shock, Chronic etc. The contributory valvular heart disease; Always qualify all

If this an Medical And Months of June Control of Market Special and Months previous furnity beautiful and Months be inhalind beautiful and Months be inhalind beautiful and Months beautiful and Months and Mo ntained before the certificate is thoroughly and all questions

WRITE

V. R. No. 1

	. w	PLACE OF DEATH	02614 STATE OF MARYLAND
	C	ounty Dalto.	CERTIFICATE OF DEATH
Villa	ge or City Towson And (No. 7113	Mork Road St.: Ward) (If death, occurred in a hospital or institu-	
Heate		2 FULL NAME Quefaut of Gerardely	Edith M. Donovau stend of street and number.)
Cert		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
D KOE	3 SE	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. (OR DIVORCED (Write the word)	16 DATE OF DEATH SUBBOULT TOS (Month) (Day) (Year)
0	6 D/	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the decessed from 192
ous		March Day), 1930	that I last saw halive on 192,
netle	7 AC	I'll by use. The whole Area.	and that death occured on the date stated above, at
nstr		yrsds. ormin.}	The CAUSE OF DEATH & was as follows:  UNVIOLENT Misseamage
See	(a	Trade, profession or MONE  rticular kind of work	
nt.	(b	General nature of industry siness, or establishment in	(Duration) yre mos de.
orta	w	hich employed or (employer)	Contributory Law
imp	9 B	IRTHPLACE (State or country)	Secondary (Duretion)yremosds.
Very		10 NAME OF GRAND LONDVAN	(Signed) WW Casee M. D. Mareles 1920 (Address) & Odul & Wolon
ON IS	ENTS	OF FATHER (State or country)	*State the Disrase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) where Accidental, Suicidal or Homicidal.
ATI	ARE	OF MOTHER SITE A ME Namara	18 LENGTH OF RESIDENCE (For hospitals, Institutions, Trans- ients or Recent Residents)
OCCUP		13 BIRTHPLACE OF MOTHER	At place of death yrs mos ds. State yrs mos ds
00	_ !	(State or country)	Where was disease contracted, if not at place of death?
+	14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence
statemen		(Informant) May Work Road  (Address) 113 York Road	13 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL THAT SHE THE STATE OF BURIAL 1930
ste	15	Filed mch 6 1930 Thu P Butter och	20 UNDERTAKER WALLE HON / MM Royal
	=	If more banks are needed, addrosa State Registra	7, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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If this certificate is I oked over thoroughly and ail questions answered in defail, it will prevent further correspondence. At the data is essential and must be obtained before the certificate is permanent.

X	CORD	od EXACTLY, PMYSI- erly classified. Exact
MARGIN RESERVED FOR BINDING	PRITE PENING, WITH UNFADING INKTHIS IS A PERMANENT CORD	item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-S should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact ment of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

Y, PHYSI-	PLACE OF DEATH .  County Baltimore	11000	STATE OF MERTIFICATE  Registration D	OF DEATH
ated EXACTL operly classif certificate.	Village or City Mrany No	Som	St.:Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
atec	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL C	CERTIFICATEO	F DEATH
ay be propagated back of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WHOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH	May	/2, 1930 (Day) (Year)
shout it m	6 DATE OF BIRTH  (Month)  (Day)  (Year)			nded the deceased from
plied. ACE rms so that instruction	yrs. mos. lf LESS than I day hrs. or min.?	and that death occurred of The CAUSE OF DEATH *	was as follows:	shove, atk
Every item of information should be carefully supp CIANS should state CAUSE OF DEATH in plain ter statement of OCCUPATION is very important. See in	(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Cause of	Dany gr	will-lin
	BIRTHPLACE (State or country) Maryland	Contributory Secondary	udden (Duration)	Jisds.
	11 BIRTHPLACE OF FATHER OF FATHER OF FATHER OF FATHER		ddress) Book	Brush M. D.
	(State or country) Congrand  (State or countr	*State the Disease Violent Causes, state Accidental, Suicidal or Ho	NCE (For Hospita	
	13 BIRTHPLACE OF MOTHER (State or Country)  (State or Country)	ients or Recent Residen At place of deathyrsmos Where was disease contracted	ds. In the State.	yrsds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?		**************************************
	(Informant) fillen Hoore	19 PLACE OF BURIAL OR	REMOVAL	DATE OF BURIAL
	(Address)  15 Filed Ma 12 1921 B B Semo MA	Clearthust Gron 20 UNDERTAKER	der A Sm	ADDRESS Sparles Jul
S.	If more branks are needed, address State Registrar	VI	., Requesting V. S.	

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria 'avoid use of 'Croup'''; Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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6

1930

JUN

#### PERMANENT MARGIN RESERVED FOR BINDING , WITH UNFADING INK--THIS IS A

PLACE OF DEATH	10136 STATE OF MARY
County	CERTIFICATE OF
Chants	Registration Dist. No
Village or City Rallie (No	St.: Ward) (If de a host tion, stead numb
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR	16 DATE OF DEATH  (Month) (Day)
6 DATE OF BIRTH  (Month) (Day) (Year)	thet Vast saw he salive on Self
7 AGE    If LESS than   I day hrs. or min.?	and that death occurred on the date stated above, a
8 OCCUPATION (a) Trade, profession or particular kind of work	Deute delatation of the
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Contr
State or country ary laws	(Signed) For E. Hautu
OF FATHER (State or country)	*State the lisease Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Ins
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At plece of death yrs death State yrs
14 THE ABOVE 18 TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dee.h?  Former or usuel residence
(Address) Junte Man	19 PLACE OF BURIAL OR REMOVAL DAT.
15 Filed Sept 1920 H FI & Lyplay Rycistral	Conston Sens Col
If more branks are needed, address trate Kegistras	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

#### STATE OF MARYLAND

3/
Registration Dist. No.
St.: Ward)  RA OUSLY  (If death occurred In a hospital or institution, give its NAME instead of street and number.)
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH Sept 14, 19330
(Month) (Day) (Year)
17 L HEREBY CERTIFY, That Valtended the deceased from 1920. to 1950.
thet Vast saw he alive on setting, 1930,
and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
The CAUSE OF DEATH + Was as follows:
leute delalation of Heart
0
Contributory Carr Hose
(Signed For E Harlin M. D.
Sept. 15. 19th CAddres Raughallatonn
*State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
At plece of deathyrsmosds. In the State,yrsmosds.
Where was disease contracted, if not at plece of dee.h?
Former or usuel residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Of Cles houses Clea Soft. 17, 19 30
20 UNDERTAKER SOUSENS Client Cit

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise relations, etc. Womloborer, Form laborer, Loborer—Coal mine, etc. Womloborer, Form laborer, and the duties of the en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (o) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, For many occupations a single word or term on yrs). For persons who have no occupation Compositor, Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhold Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the American Medical Association as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all (secondary (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railwoy train-"Atrophy," "Collapse," "Coma," "Convulsions, or intercurrent) Chronic valvular heart disease; affection need not etc. The contributory

If this certificate is looked over thbroughly and all questions answered in detail, it will prevent inteller correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

1PLACE OF DEATH	05255 STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH
	Registration Dist. No. 93%
Village or City EUDOWOOD SANATOCIUM, TOWSON.	a hospital or institu
2FULL NAME Tolere de C. L	or sey. tion, give its NAME is stead of street as number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED	16 DATE OF DEATH
(Write the word)	(Month) (Day) (Year)  17 I HERBY CERTIFY, That I attended the deceased fro
Opril 24 1904	may 3 19270 may 9 , 1930
(Month) (Day) (Year)	that I last so h & alive on May 8 , 1923 C
7 AGE   If LESS than   I day hrs.	and that death occurred on the date stated above, at
26 yrs. 0 mos. 4 ds. or min.?	7,1.
(a) Trade, profession or particular kind of work	Culminary Juliar culps
(b) General nature of industry business, or establishment in	(Durstion) J. yrs. mos
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) Baltimere, md.	Secondary (Dusapon) A. yis
10 NAME OF	(Signed) M. Anikett M.
FATHER .M . COM.	1930 (Address) Towson, Maryland.
OF FATHER (State or country) Mary aud.	*State the Discase Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Man E. Koup	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of death yrs mos. 5 ds. In the State yrs mos.
(State or Country)	Where was disease contracted, Unknown
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Hospital Records Personal History	Former or usual residence 1422 Botton St, Balto M
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Eudowood Sanatorium, Towson, Md.	, 19
15 Filed May 8 1985 W. P. Bullis	Sterrand Danwer Gorther
1	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Solcsmon. sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Form laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servont, Cook household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer ar Planter, For many occupations a single word or term on without more precise specification as Doy For persons who have no occupation Stationary fireman, etc. But in many 6) Grocery;

Statement of Cause of Death—Name, first, the DISEASS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of approved by Committee on as fracture of skull, and consequences (e. g., sepsis, unqualified, is indefinite); Tuberculasis af lungs, men-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJUNY cough; Chronic etc. volvular heart Nomenclature of the The contributory disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

No. 1

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PLACE OF DEATH County Ball	01372 STATE OF MARYLAND CERTIFICATE OF DEAT
	(129) Registration Dist. No.
Village or City Afersford (No. 2FULL NAME Mary Ellen Butter	St.: Ward) (If death occur a hospital or tion, give its N. stead of atre number.)
PERSONAL AND STATISTICAL PARTICULA	RS MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MOOWED, OR DIVORCED (Write the word)	domed 16 DATE OF DEATH 2 22, 19 (Month) (Day) (
8 DATE OF BIRTH  Month (Day)	17 I HEREBY CERTIFY, That I attended the decease 1848 to 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
7 AGE SI Wrs. Simos. 25 ds. or.	ESS than and that death occurred on the date stated above, at
6 OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary
(State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	(Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Address) (Signed) (Signed) (Address) (Signed) (Address) (Signed) (Sign
of MOTHER Mary Colling	18 LENGTH OF RESIDENCE (For Hospitals, Institutions ients or Recent Residents)  At place of death yrs description de.  Where was disease contracted, if not at place of death?
(Informant) In June 15 Filed Total 244 1920 M Borling	Former or usual residence  19 Of ACE OF BURIAL OR REMOVAL  DATE OF BU  2 ~ 7 5 3

DEATH

death occurred in ospital or instituof street and ber.) EATH (Year)..... the deceased from ..mos..... .....n108.....ds. deaths from (2) Whether Institutions, Transyrs......ds. If more blanks are needed, addre.s Ltate Registrar, 16 W. Saratogo St., Balto., Requesting V. S. No. W

(Approved by U. S. Census and American Public Health Association.)

nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. "As examples: (a) cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write Nonc. busines-, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Physician, Compositor, Architect, Locomotive engineer, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on ijrs). Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many For persons who have no occupation (b) Automobile factory. The material Salesman, (b) Grocery;

Streement of Cause of Death—Name, first, the bis-EACS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrofever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlleria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E.haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease stited unless important. Example: Measles (disease inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(elanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis carbolic acid-probably suicide. The niture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need Whooping cough; approved American Medical Association. Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY by Committee on Nomenclature of the Chronic valvular heart disease; nephrilis, etc. The contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the dath is essential and must be obtained before the certificate is permanently filed.

Exact

Village or Cit Paudallelown.	O7146 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3
2FULL NAME Philroy	a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MESICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH	16 DATE OF DEATH  (Month) (Day) (Yest)  17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	V
7 AGE   If LESS the l day hr	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yre mos de
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 18 BIRTHPLACE OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country)	(Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicides or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds.  State yrs mos ds.
(Informant) + Sauce A read (Address) Paul Allesson 19230 M. A. Buffer Registrat	Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURNAT OR REMOVAL DATE OF BURNAL  20 UNDERTAKEN ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISFASE CAUSING DEATH. en at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman. (b) (o) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cupation is very important, so that the relative health whatever, write None. gaged in domestic service for wages, as Serrout, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationery fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Former (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Physician, Compositor, Architect, household only (not paid Housekeepers who receive a For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Form laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Locomotive engineer, (b) Grocery; material

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrogeer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "Puerperal septicoemia," "Puerperal peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., ef ..... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary). (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train Whooping Never report mere symptoms or terminal condicough; Chronic etc. volvular heart disease; The contributory ". "Shock,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A the data is essential and must be obtained before the certificate is permanently filed.

of certificate

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statement of

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	PLACE OF DEATH	
C	Belline	60
C	Ounty	(18
/	a franchisco as	
Ville	age or City (No,	
	William A Dursey	
	2 FULL NAME WILLIAM () ()	
	PERSONAL AND STATISTICAL PARTICULARS	
3 8	Mole Colored SINGLE, MANNELED WILDOWED OR DIVERSE  (Write the word)	16
t D/	ATE OF BIRTH	17
	(Month) (Day) (Year)	th
AG		an
	5 9// I dayhrs.	T
1 00	CCUPATION de.lormin. ?	•••
(m	Trade, profession or Work	
(b	usiness, or establishment in hich employed or (employer)	
BI	(State or country)	
	16 NAME OF PATHER 1 LANGUAGE	(Si
PARENTS	11 BIRTHPLACE OF FATHER (State or country)	
PAR	12 MAIDEN NAME 1 COMMOTHER 1	18
	IS BIRTHPLACE OF MOTHER (State or country)	At
4 T	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if r
	(Informant of the Comment of the Com	19
3	M. C. O. W. II	-
F	Filed MCL 271935 Tefer Desistrar	20

#### 02615 STATE OF MARYLAND CERTIFICATE OF DEATH

St.:.... Ward)

188-a

ONDERTAKER

\* more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting

Registration Dist. No. 4-9

(If death occurred in a hospital or instituion, give its NAME in-

stead of street and

mumber.) MEDICAL CERTIFICATE OF DEATH DATE OF DEATH (Month) I HEREBY CERTIFY, That I attended the deceased from at I lest saw h .....alive on ..... d that death occurred on the date stated above, (Duretion) .....yre.....mos..... Contributory Secondary 192. .. (Address) ...., \*State the Disease Causing Death, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal, LENGTH OF RESIDENCE (For Hospitals, Institutions, Transionts, or Recent Residents) .... yre. .....mos. .... de. State, .....yre......moe..... here wes disease contracted, not at place of death?..... al residence. DATE OF BURIAN BURIAL OR REMOVAL

ADDRESS

V. 8

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yes.). For persons who have no occupation business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scream, Cook, to report specifically the occupations of persons enployed, as At rehool or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home. laborer, Farm laborer, Laborer-Coal mine. etc. Wom-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it worked on may form part of the second statement (a) Poreman, (b) Automobile factory. The material should be used only when needed. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, Civil engineer, Stationary faremen, etc. But in many tion applie, to each and every person, irrespective of fulness of various parsnits can be known. The quescupation is very important so that the relative health-Statement of Occupation Precise statement of ocetc., without more precise specification as Day or At Home, and children, a trgainfully em-For many occupations a single word or term on specially in industrial employments, it is neceswho are engaged in the duties of the As examples: (a)

EASE CAUSING DEATH (the primary affection with Expect to time and causation), using always the same neapt ad term for the same disease. Examples: Cercbrosomy fever (the only definite synonym is "Epidemic carebre spiral meningitis"); Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid pneumonia.")

ment of cause of death angroved by Committee on head of "contributory." (R commendations on state-Nonenclature of the American Medical Association.) quences (e.g., sep. i., tetunus) may be stated under the ture of the injury, as fracture of skull, and conseas probably such, if impossible to determine definitely and qualify as accommendat, strictedat, or Homicidat, or symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), condition : such as "Asthenia," Poisoned by earboile acid-- robebly suicide. train-accident: Revolver wound of head-homicide; Examples: "Puepperal seplicaemic.""Puepperal poritonitie," diseases resulting from childbirth or miscarriage as "Dropsy," "Exheastion," "Heart ary), 10 ds. Never report more symptoms or stated unless important. use of "Tumor" for malignant neoplasms); can be ascertained in the one of "Uraemia," "Weakness." etc., when a definite discase rhage," "Inanition." "Marasmus," "Old Age." "Shock," eausing death). 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. ...... (name origin; "Cancer" is less definite; avoid mges, peritonaeum, etc., Carcinoma, Surcoina, etc., of inqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need Whooping cough; Cause FOR VICLENT DUATHS STATE MICANS OF INJURY Accidental denoming; Struck by railton for which surgical operation was under-Chronic valvular heart Example: Measles "Anaemia" failure." Always qualify all The contributory "Hacmor-The na-Measles; terminal discuse; (second-(discase (merely not be etc.

If this certificate is 15 ked over the roughly and all questions answered in Gerall, it will prevent further correspondence. The certificate is resonantly filed.

CORD

12180

#### STATE OF MARYLAND

ADDRESS 1217 M Pauly

County Bellinose	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Catonsir ble Offreng	Grand Mark Tall . (If death accurred in
2FULL NAME WM LOOME	a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  MARRIED, MIDOWED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH OCK . /4 , 1923 o (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Mor 14, 1849	that I last saw h 4 alive on O 1 13 . 192.0
(Month) (Day) (Year)  7 AGE [If LESS than	and that death occurred on the date stated above, at 835 A.m.
I day bre	The CAUSE OF DEATH * was as follows:
80 yrs. // mos. O.ds. or min.?	
(a) Trade, profession or particular kind of work  (b) General nature of industry	Che Interstitial Nephritia
business, or establishment in which employed or (employer)	(Duration) yrs mos mos ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
I 10 NAME OF	(Durstion) yrs mos O.ds,
FATHER Wom L. Dorsey Ir	(Signed) 100+ C. Garrett M. D.
OF FATHER	*State the Disease Causing Death, or, in deaths from
Z (State or country)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Mary/ Niggins	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrs. /mosds. In the State Sta
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted that if not at place of death?
(Informant) Mus Com storage No	Former or usual residence Unnapolis Nil
(Address) 1410 9. Of 2. w 50 D.	We black of Burial OR REMOVAL Det 18, 1930

20 UNDERTAKER

Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

If more bianks are needed

V. S. No. 1

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15 Filed

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healther," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Never rcturn "Laborer," "Forcman," "Manager," "Dealtired 6 yrs). gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-spinal fever (the only definite synonym is "Epidemic cerebro-spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

data is essential and must be obtained before the certificate is permanently filed.

answered in detail, it will prevent further correspondence.

(Recommendations on statement of cause of approved by Committee on stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemja," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Puerperal septicacmia," "Puerperal peritonitis," etc. (secondary or intercurrent) affection need not be Whooping cough; Chronic valualar heart disease; Chronic interstitial nephritis, etc. The contributory ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS State MEANS OF INJURY It this certificate is looked over thoroughly and all questions "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ascertained as the cause. Always qualify all Nomenclature

PLACE OF DEATH	G5956 STATE OF	MADVI AND
1 1	05256 STATE OF	
County Balto	CERTIFICATE	OF DEATH
8 . 5 Ns 1	Registration	Dist. No.
Village or City Owing Julian Property of June 12 June	ougherty St: Ward	(If death occurred in a hospital or institu- tion, give its NAME is- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
SSEX 4 COLOR OR RACE SSINGLE, MARRIED, WIDOWED, OR BHYORCED (Write the word)	16 DATE OF DEATH JUST HE	(Day) (Year)
6 DATE OF BIRTH	HEREBY CERTIFY, That I at	tended the secessed from
(Month) (Day) (Year)	that I last saw has alive on Many	166 , 19230.
7 AGE (If LESS than	and that death occurred on the date states	~ 50
I day o hrs.		244
yrsds. or 30min.?	<b>,</b>	
(a) Trade, profession or	Mutter	
particular kind of work  (b) General nature of industry	J	9.4° 0 = = = = 0.0 = 0.0 4 × 0.0 = 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0
business, or establishment in	(Duration)	Lyrs. L. mos de.
9 BIRTHPLACE (State or country)	Contributory Secondary	
10 NAME OF FATHER MAN Dougherty	(Signed)	yrs mos de.
State or country) Bulto Con Sulf	State the Disease Causing Death, Violent Causes, state (1) Means of Lindental Sucidal or Homicidal.	or, in deaths from njury and (2) Whether
of MOTHER COLLEMI Januar	18 LENGTH OF RESIDENCE (For Hospi	tals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	of death	teda,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of death?	
hered 11. Transport	Former or usual residence	
(Informant) Journal Mayner	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
(Address) Quary July Hel	as Homes	19
15 FO MAN 12 1080/ 71 M NOW	20 UNDERTAKER	ADDRESS
Filed May 17 1920 Registras	mer	

If more banks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

" (Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (reg: ged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the laborer, er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, to report household only (not paid Housekeepers who receive a Physician, Compositor, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). specifically the occupations of For persons who have no occupation npositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many persons en-Grocery;

Strtement of Cause of Death—Name, first, the DIS-EA. \*\*CONTING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

> (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," Old Age, Suock, "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (sccondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Mcasles, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentaken. FOR VIOLENT DEATHS State MEANS OF INJULY Whooping cough; perilonaeum, etc., Nover report mere symptoms or terminal condi interstitial nephritis, Chronic Carcinoma, Sarcoma, etc., of etc. The contributory valvular heart disease

If this certificate is looked over thoroughly and al qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--

Co		•	08958 STATE OF MARYLAND CERTIFICATE OF DEATH
	ounty Baltimore,		Registration Dist. No. 30
Villa	2 FULL NAME Anth		1 & Dutton Aves. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
#=	PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI	ale White	SINGLE, MARRIED, Married WIDOWED OR DIVORCED (Write the word)	August 18 (Day) , XXX (Year)
6 D/	November (Month)		that I last saw h IM alive on
7 AG	E	If LESS than I dayhrs.	The CAUSE OF DEATH & was as follows:
(a) pa (b)	CCUPATION ) Trade, profession or care inticular kind of work		Cere lerse Chr. Terio Halerone
	hich employed or (employer)B8  RTHPLACE (State or country)  Pennsyl	town	Contributory Meyocar Star facture Secondary (Duration) , yrs. mos. de
ENTS	10 NAME OF FATHER James I  11 BIRTHPLACE OF FATHER (State or country)  Trelar		(Signed)  8/19  (Address)  (Address)  (Address)  (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
PARE	12 MAUDEN NAME	oeth Doyle	Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts, or Recent Residents)
MARKET A	· (State or country)	land	At place 27 yrs. mos. da. In the State,yrsmos. da. Where was disease contracted.
15	(Address) Catonsvil,	E. Doyle Dutton Aves. le, Md. Registrar	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL ATE OF BURIAL  New Cathedral Cemetery Aug. 21 , 19 30  20 UNDERTAKEN ADDRESS 1003 West Baltimore St.  16 W. Saratoga St., Balto, Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

mer," etc., without more precise specification as Day state occupation at beginning of illness. If retired from work, or At Home, and children, not gairfully employed, as At school or At home. Care should be taken whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing Death, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Houseveife, Househousehold only (not paid Househeepers who receive a en at home, who are engaged in the duties of the laborer, Farm Woorer, Laborer-Ccal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Toreman," "Manager," "Deal-Housemaid, etc. Spinner; (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an (a) Foreman, (b) Automobile factory. sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many the first-line will be sufficient, e. g., Parmer or Planter, tion applies to each and every person, irrespective of fulness of various parsniss can be known. The quescupation is very important, so that the relative health-Statement of Occupation Precise statement of oc-For many occupations a single word or term on If the occupation has been changed The material

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercivospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." (Recommendations on statequences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; and qualify as Accidental, Suicidal, or Homicidal, or as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"Puerperal septicaemic." "Puerperal peritonitis," can be ascertained as the cause. Always qualify all Examples: Accidental drowning; Struck by railway diseases resulting from childbirth or miscarrlage as "Uraemia," "Weaknes;" ctc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticn," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report more symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; ..... (mame origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need Whooping cough; Chronic valvulur heart disease; (second-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE

V. S. No.

PLACE OF DEATH	STATE OF MARYLAND
County Haltimore	CERTIFICATE OF DEATH
County, A)	41)
Die Die H	Registration Dist. No.
Village or City Made Mo. Frog	f moulac St.: Ward) (If death occurred in a hospital or institu-
10. 10 0:	tion, give its NAME in- stead of street and
2FULL NAME Alle Frebry	number.)
TOTAL CONTRACTOR OF THE CONTRA	<i>J</i>
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED WILLOW WIDOWED OR DIVORCED	16 DATE OF DEATH Out 29 - , 1980
Ottemale (MML   (Write the word)	(Month) (Day) (Year)
B DATE OF BIRTH ALL 5- 1852	17 I HEREBY CERTIFY, That I attended the deceased from Sept 15 1928 to Out 29 , 1930.
(Month) (Day) (Year)	that I last saw h walive on Out 28 , 1980,
7 AGE Of (IfLESS than	and that death occurred on the date stated above, at \$30.8 m.
I day hrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.?	
8 OCCUPATION (a) Trade, profession or	Caremonia of Crast (Left)
particular kind of work	
(b) General nature of industry business, or establishment in	(Durstion) 2 vis. mos. ds.
which employed or (employer)	P - 121 V/t
9 BIRTHPLACE (State or country)	Contributory Secondary
(State or country) Hallinore Md.	Dyration) yrs. Inos. A.ds.
10 NAME OF FATHER 1	(Signed) M. D.
Clames Clainley	Del 29 1930 (Address) Mapleaux & Belanks
of Father	
OF FATHER Z (State or country)  Za.	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME  OF MOTHER  A DIE SO MAIDEN  OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER -	At place of death yrs. mos. ds. State yrs. mos. ds.
(State or country) Ongland	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE SEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Mrs Darah Mears.	usual residence
(Address) Overlea ave.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	20 UNDERTAKER ADDRESS
Filed Oct. 29 1923 0 John 9. Connelly	20 UNDERTAKER ADDRESS
Registrar	11-10,131001 421/1. Groadway
If more blanks are needed, address State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material tired 6 yrs). state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farme or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. or At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> approved by Committee on Nomenclature (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Example: Measles (disease (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Snock," "Old Age," "Snock," causing death), 29 ds.; Bro shopneumonia (secondary), Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi cough; Chronic valvular heart disease; etc. The contributory not be

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PAREN

(State or country)

12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE

OF MOTHER (State or country

PLACE OF DEATH Balto.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village of City Raspeberg (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SHICLE. MARRIED. WHOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH, 192
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
anay 7 187.	192 to, 192
(Morth) (Day) (Year)	that I last saw halive on, 192,
7 AGE    If LESS that   I day hr or min	2) Duicide
B OCCUPATION (a) Trade, profession or particular kind of work	by spooting bruself with
(b) General nature of industry business, or establishment in which employed or (employer)	hera (Durstion) — yrs. — ds.  Contributory & MSLaux
BERTHPLACE (State or country)  Meso. York	Secondary (Durstion) yrs. mos. ds.
10 NAME OF FATHER Great & Brimal	(Signed) ad. How men Com
OF FATHER	the Disease Causing Donth on In donthy from

IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death In the State.

Causes, state (1) Means of Injury and

Where was disease contracted, if not at place of death?.....

Accidental, Suicidal or Homicidal,

Former or usual residence

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S., Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to cach and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative healthtired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, laborer, er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Physician, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Solesman, (b) Compositor, Architect, who are engaged in the duties of the For persons who have no occupation (b) Automobile factory. The materia Laborer-Coal minc, etc. Wom-Locomotive engineer, Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Traemia," "Weakness," etc., whon a definite disease stated unless important Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, diseases resulting from childbirth or miscarriage as atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; L. chopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles, approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"Exhaustion," "Heart fauure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railwoy train-Whooping ...... (name origin; "Cancer" is less definite; avoid peritonaeum, etc., interstitial nephritis, cough; Chronic Carcinoma, Sarcona, etc., of etc. valvular heart discase; The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificats is permanantly filed.

Villaç	go or City Borry (No	
-/	PERSONAL AND STATISTICAL PARTICULARS	
me	ale white Single, MARRIED, WIDOWED OR DIVORCED (Write the word)	16
8 DA	TE OF BIRTH	7
	(Month) (Dey) 1841	th
7 AG	E B yrs 6 mos 29 ds.   If LESS than 1 day, hrs. OR min.?	an
bus bus whi	CCUPATION ) Trade, profession, or riticular kind of work. ) General nature of industry siness, or establishment in ich employed (er employer).  RTHPLACE (State or country)	\\ \text{\tin}\text{\tetx{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\tetx{\texi}\text{\text{\texi}\text{\text{\texi}\text{\text{\text{\tin}\text{\text{\text{\texi}\text{\texi}\text{\texit{\text{\texi}\tittt{\texi}\text{\texi}\text{\texit{\texi}\text{\texi}\t
	10 NAME OF O	
ENTS	11 BIRTHPLACE OF FATHER (State or country) Germany	(SI
BAR	of Mother Julian Caroline Lyger	18
	OF MOTHER (State or country) Cersonal	a ot

#### G6454 STATE OF MARYLAND CERTIFICATE OF DEATH

916

If more blanks me needed, address State Registrar, 16 W. Saratoga St., Batto., Requesting V. S. No. 1.

Registration Dist. No.

. 23

...St.;......Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

icl	of street and number.]
MEDICAL CERTIFICATE O	F DEATH
16 DATE OF DEATH June	16 ,1930
(Month)	(Day) (Year)
17   HEREBY CERTIFY, That I atte	ended deceased from
may 8 m , 180 , to Jus	re 13 ,1880
that I last saw here alive on Jessee	-15 1970
and that death occurred on the date sta	ted above, at / U.n
The CAUSE OF DEATH & was as follow	s:
Donalo Strong	arlme_
	***************************************
(Buration)	yis. 2 mos
contributory Exmeral ar	teriosalesas
Secondary	
(Buralion)	mos
(Signed) Curil 6 Assort	lle M.
(Signati)	1 2
George 10, 1980 (Address) Jefe	surao, on
*State the DIBEASE CAUSING DEWH, Ar, CAUSES, state (1) MEANS OF INJURY; and (2)	in deaths from VIOLENT
SUICIDAL OF HOMICIDAL.	by whether recommends
18 LENGTH OF RESIDENCE (FOR HOSPITALS, I	NSTITUTIONS, TRANSIENT
OR RECENT RESIDENTS)	
at himse	yrs, mes
Where was disease contracted,	
it not at piece of death?	
Former or	
usnai residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
SITE O Matter a Come	June 18, 1000

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully state occupation at beginning of illness. Housemaid, etc. employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) (:roccry; (a) Foreman, business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil ness of various pursuits can be known. The question applies to each and every person, irrespective -Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Women at home, who are engaged in Never return "Laborer," But in many cases, If retired from (b) Autoof age.

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid pneumonia,") Lobar pneumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, tctanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by SUICIDAL, Or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uracmia," "Weakness," to determine definitely. Examples: Accidental drowning. birth or miscarriage as "Puerperal seplichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitia "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Caneer" is less definite; avoid use of The nature of the injury, as fracture of skull railway train-accident; Revolver wound of The contributory (secondary or intercur-"Dropsy," State cause for which Never report mere "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PHYSI-
EXACTLY
ated E)

N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE

PLACE OF DEATH	10138 STATE OF MARYLAND
County	CERTIFICATE OF DEATH Registration Dist. No.
Village or Cityl ) ovellawy (No	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Descry Brown	Alluhand steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR BACE 5 SINGLE, MARSHED, WIDDWED, ORGIN ORCEO (Write the word)	16 DATE OF DEATH (192 3 , 192 3 , 192 3 , 192 3 )
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw hlive on
7 AGE [If LESS than	and that death occurred on the date stated above, at / 1.40 Am.
8 yrs	The CAUSE OF DEATH, * was as follows:
a OCCUPATION  (a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF STREET B. Dunhau	(Signed) M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN, NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of of there ene Brown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Mes. W. B. Deulau	Former or usual residence
(Address) Woodlane Wed	The series Burial or removal
Filed 9/24192	20 UNDERTAKERY Sous Ellerall Co
If more bianks are needed, address kate Registrar	, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.



DENOME

### REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). loborer, er," etc., additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-<u>a</u> Spinner, nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. report Foreman, first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Loborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day specifically the occupations of persons en-For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

" Uraemia, "(Exhaustion," "Heart Laure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Traemia," "Weakness," etc., when a definite disease "Always qualify all (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease American Medical Association.) tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy, causing death), 29 ds.; Bronehopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; ," "Coma," "Convulsions, etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

× 33.

Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI. CIAN'S should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
unty Baltimore

14662 74a

#### STATE OF MARYLAND CERTIFICATE OF DEATH

1 Property of the second of th	Registration Dist. No.
Village or City Jowson (No	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jernale White Single, Markied, Widow- OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day) 35 (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the decrased from Nev 2 4 h 1920 to Dec / 3 2 , 1920 that I last saw her alive on Dec / 2 , 1920,
7 AGE  7 5 yrs. 3 mos. 4 ds. or min.?	and that death occurred on the date stated above, at 6.46 m.  The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or House Keeping particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Refs Retes Hempleges Cerebrae Hamonkogg  (Duration) yes mos de
9 BIRTHPLACE (State or country) Baltimorb (O,  10 NAME OF HESLEY LOE  11 BIRTHPLACE	Contributory (Contributory (Co
OF FATHER (State or country)  12 MAIDEN NAME  OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)  Maryland.	ients or Recent Residents)  At place of deathyrs
(Informant) Harris Limphy	if not at place of dea.h?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL
(Address) A Norths  15 Filed Dec. B 1930 W. P. Bute Registras	20 UNDERTAKER JUST Some Towson

If more blanks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of gaged in domestic service for wages, as Screant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physicim, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Housemaid, etc. If the occupation has been changed Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Automobile factory. The material Stationary fireman, etc. But in many For persons who have no occupation Locomotive engineer, (b) Grocery;

Strtement of Cause of Death—Name, first, the DISEA E CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospital fener (the only definite synonym is "Epidemic cerebrospital meningitis"); Diphtheria (avoid use of "Croup"y; Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by stated unless important. American Medical Association.) diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Shock," "Shock," use of "Tumor" for malignant neoplasms); Meastes; tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS state MEANS OF INJULY (name origin; "Cancer" is less definite; avoid Committee on Nomenclature Chronic Example: Measles (disease etc. The contributory valvular heart affection need disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1 PLACE OF DEATH	STATE OF MARYLAND
County Balling (16)	CERTIFICATE OF DEATH
County Augustia	Trumps. Registration Dist. No. 44
Village or City Hammers Tresm met	mul TEd St.; Ward)   [If death occurred in
FULL NAME EUMA A.	a hospital or lostitution, give its NAME instead of street and comber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH Office 19
Female white Married, Married	(Month) (Day (Year)
6 DATE OF BIRTH	apol 16 sal apol 19 wild
nov. 14ly 1889	doe 18 3
(Month) (Day (Year)	that last saw h. alive on 191
1 day hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
yrs mos ds or min. 9	DEATH WAS AS TOTIONS:
(a) Trade, profession, or particular kind of work	Oanewowa theres
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) 2 yrs. — mos. — ds.
9 BIRTHPLACE (State or country)	Gontributory Secondary
(State of country) Bultomd.	(Agration) yrs mos ds.
10 NAME OF GEO. E. Woods	(Signed) Clace M. D.
OF FATHER	, 191 (Address) Observe
(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
a OF MOTHER Emma tuessting	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSCENS
13 BIRTHPLACE OF MOTHER (State or country)  13 ach mil	OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. State yrs, mos, ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant Mrs. Putts Prayer	Former or
D-11 D1	usual residence
(Address) Lungs Will 124.	19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed agent 20, 18 & John y. Connelly.	20 UNDERTAKER ADDRESS Hall
	rar, 6 E. Franklin St., Balton Requesting V. S. No. 1.
and according to the testing t	aut, o in Fragmin St., Ballon Requesting V. S. No. 1.

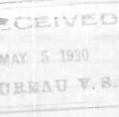
[Approved by U. S. Census and American Public Health Association.]

cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcopers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State eause for valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronie eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, ete., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS Probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or misearriage as "Puerperal septichaecause. cte., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatle), "Atrophy," mere symptoms or terminal eonditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered, in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



PLACE DE DEATH & Bas	02616 STATE OF MARYLAND
County 01/1/11/02 304 les	CERTIFICATE OF DEATH
County	Registration Dist. No. 38
( 6 h : 20 0 1).	1 . //
Village or City UN NOTILE (No. 4, 21)	Doise UM St.: Ward) a hospital or institu-
Min in al	tion, give its NAME Is stead of street and
2FULL NAME ////asm of o	hung one number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX / 4 COLOR OF RACE 5 SINGLE, MARRIED	16 DATE OF DEATH /// arch 13, 192 30
MARRIED Carried WIDOWED. Carried (Write the word)	(Month) (Day) (Year)
EVDATE OF BIRTH	17 / I HEDERY CERTIEV That I attended the deceased from
4-6- 2 865	3/1/30 192 to 3/2 , 192 3
(Month) (Day) (Year)	that I last saw bear alive on 3/3, 1923,
7 AGE / [If LESS than	and that death occurred on the date stated above, at 4, 5 9, m.
(0.5 / 1) I dayhrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.?	(Munda) Tyrocardy
8 OCCUPATION (a) Trade, profession or	
particular kind of work  (b) General nature of industry	
business, or establishment in	(Ducation)dsds.
which employed or (employer)	Contributory Carolere Secon punction
9 BIRTHPLACE (Ntate of country) / 11 11 1071 (Q)	Secondary
10 NAME OF	(Duration) yrsmosde.
FATHER Filliam & Jungin	(Signed) M. D.
IN 11 BIRTHPLACE	*State the Discase Causing Death, or, in Maths from
Z (State or country Warma	*State the Disease Causing Death, or, in traths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
TO MOTHER OF MOTHER	18 LINGTH 'OF RESIDENCE (For Hospitals, Institutions, Trans-
of MOTHER Ornelia Day	ients or Recent Residents)
OF MOTHER	At place of deathyismosds. In the Stateyrsmosds.
(August of Country)	Where was disesse contracted, if not at place of dea h?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) If I le & lurgen	18 PLASE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 16 Taylor. Aus	1 (00 10. 1 3/17 30
2/ 2 (12.0 1)	20) UN DERTAKER ADDRESS
15 Filed 3/12 1920 4: M. Waern	11.00 ( 1/2 1/2 1/2 1/21
Registras	16 W Survey & Balto Lequesting V. S. 1991.
If more blanks are needed, address tate Kegistrai	, 16 W. Saratoga St., Balto., Lequesting V. S. 100/1.

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an tired 6 yrs). Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report household only (not paid Housekcepers who receive a worked on may form part of the second statement. For many occupations a single word or term on specifically the occupations of persons en-For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Dinhiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,"

> st\_ted unless important. Example: Measles (disease tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; "(E:haustion," "Heart failure," "Inamorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," (E.haustion," "Heart failure," "Inemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary Chronic interstitial nephritis, Whooping ..... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY or intercurrent) affection need not be cough; Chronic valvular heart disease; etc. The contributory Nomenclature

II this certificate is looked ner thorugaly and all questions answered in detail, it will prevent traffactorrespondence. All the data is essential at must be brained before the certificate is permanently ared.

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	CORD	EVACTIV
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1	1PLACE OF DEATH	12182 STATE OF MARYLAND
	County Balto	CERTIFICATE OF DEATH
		Rout Registration Dist. No.
	Village or City Sparrows Pt. (No. Wew Bat	Ward) (If death occurred in a hospital or institu-
	2FULL NAME James T. Eads.	stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED.  (Male White (Write the word)	16 DATE OF DEATH - 30 - , 1930
	6 DATE OF BIRTH	(Month) (Day) (Year) I HEREBY CERTIFY, That I attended the deceased from
	(Noth) (Day) (Year)	that I last saw h im alive on O # 30 , 1920,
	7 AGE   If LESS than   I day, hrs.	and that death occurred on the date stated above, at // @// m. The CAUSE OF DEATH * was as follows:
	65 yrs. 2 mos. 20 ds. or min.?	Angina Pectoris - Myocardi
Se Per	(a) Trade, profession or Bricklayer	
1	(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) vrs
2	9 BIRTHPLACE (State or country) Early bell Eo. Da	Contributory Huoino Pactoris Secondary Duration 1 y y mos /2 ds.
	10 NAME OF FATHER W.m. Eads.	(Signed) Wranef Streaman M. D. 10-30 130 (Address) 3507 Fait our
	OF FATHER  (State or country) Campbell Eo. Va.	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Wallie Perdul	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients ( Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country) Campbell Go ba	At place of deat' yrsmosds. In the Stateyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Whete was disease contracted, if not at place of death?
	(Informant) Euritis R. Eadl ( Son	19 PLACE OF BURNAL OR PANOVAL DATE OF BURNAL
	(Address) Wew Battle Grove Worth Poin	Spring Hell Lyncliberg so Woo. 3 td. 1930.
	15 File Oct 30 1923 9 AHE Comment on a	Lilly & giele Jue. 4038. Wolf St
	If more blanks are needed, addrus State Registral	, 16 W. Santoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to, report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Compositor, Architect, Locomotive For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-(b) Grocery; engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospind fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Dyphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

tclanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bra chopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train— Whooping cough; Chronic valvular heart disease; "Atrophy," "Collapse," "Coma," "Convulsions, etc. The contributory not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

06455 STATE OF MARYLAND
CERTIFICATE OF DEATH
(29) Registration Dist. No. 35
St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
baugh, number.)
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH  (Month) (Dsy) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from
April 10 1980 . 10 Jame 1 - 1980.
that I last saw h la alive on free
n and that death eccurred on the date stated above, at
3
Chronic Intersticial Rephritis
(Duration) Zyrs, mos ds,
Contributory Secondary
(Durstion) yrs mos de.
(Signed) M. D.
June . 2 4980 (Add so) Men Halldan US.
*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
At place In the State yrs mos ds. State yrs mos ds.
Where was disease contracted
if not at place of death?
Former or usual residence
mh Brousewifers
mt Zioy Seculting Jud. June 4, 1930.  20 UN DERTAKER  LOUIS PROPERTY JUST ADDRESS  ADDRESS  LANGUAGE MAN DE LES MAN DE LE

(Approved by U. S. Census and American Public Health Association.)

nature of the business or industry, and therefore an additional line is provided for the latter statement; it cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs. business, that fact may be indicated thus; Marmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) Physician, Compositor, Architect, whatever, write None. Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a ." etc., Foreman, For many occupations a Farm luborer. Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salcsman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on Locomotive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease, Example: Measles (disease etc. The contributory Measles; under-

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STATE OF MARYLAND CER

HILLAH				
Registration			9	A
Registration	Dist.	No.	.71	7

(If death occurred in a hospital or institu-tion, give its NAME in-steed of street and

9:		number.)
	MEDICAL CERTIFICATE	OF DEATH
	16 DATE OF DEATH Och	5-1, 19230
_	(Month)	(Day)(Year)
	17 I HEREBY CERTIFY, That I att.	ended the deceased from
	that I last saw h A alive on and that death occurred on the date stated	LLP", 1920
an	and that death occurred on the date stated	above, at 2 - Am
rs.	The CAUSE OF DEATH * was as follows:	
	Olr. Interestitual	nephritis
-	Contributory atteria-	Solos os de
-	(Signed) 108+ 8 Gan	et M. D
4	001 5 19230 (Address) Bate	morrelo m
_	*State the Disease Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	or, In deaths from jury and (2) Whether
2	18 LENGTH OF RESIDENCE (For Hospit ients or Recent Residents)	als, Institutions, Trans
	At place of death yrs 3 mos / 3 ds. In the	79 yro 3 mo 24 d

of death yrs 3 mos 3 ds.	Stale / yrs 3 mos de
Where was disease contracted, if not at place of death?	Baltimore
_	Sta Clin

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400	rat reside	nice,	A-1	gythau Be	- Property - Charles - Charles - Charles	A
9	PLACE	OF	BURIAL	OR	REMOVAL	DA'

19 PLA	CE OF BURI.	AL OR REMOVAL	
news	Freed	an Pa	00
	DERTAKER	10	AE

INDERTAKER A	ADDRESS
henry the down	36156

addies tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Year

IIf LESS th

Filed

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enlaborer, Foreman, (b) Automobile factory. The materia or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation -Coal mine, etc. (6) Grocery, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

permanently filed.

"answered in detail, it will prevent further correspondence. All the

Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaenia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway train can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need unqualified, is indefinite); Tuberculosis of lungs, men-Whooping If this certificate is looked over thoroughly and all questions Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic valvular heart disease; etc. The contributory not be

CORD

Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT FOR BINDING WITH UNFADING INK---THIS IS MARGIN RESERVED PLAINLY

WRITE

28

PLACE OF DEATH  County Sales	STATE OF MA CERTIFICATE OF MA Registration Dia	OF DEATH
Village or City Mendale (No. 6 66 19) 2FULL NAME ROSA EBERZ	ymonth Rd St.: Ward)	(If death occurred im a hospital or institu- tion, give its NAME ir- stend of street end
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
4 COLOR CR RACE S HINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH	27, 19230 (Day)(Year)
6 DATE OF BIRTH 6 30 , 1865 (Month) (Day) (Year	that I last saw # abreson 12	77 1020 1010 B
7 AGE    Second Particles   If LESS than   day hrs.   de.   or min.	The CAUSE OF DEATH * was as follows:	iks.
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary	y" de
(State or country) Homobuy to	(Signed) (Address) (Address)	Clay M. D.
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE	*State the Disrase Causing Death, Violent Ceds a, state (1) Means of Inju accidental Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For trospital lents or Racent Residents)  At place In the	iry and (20 whether
OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Informant)	Where was disease contracted, if not at place of death?  Former or usual residence	DATE/OF BURIAL
(Address) 606 Clupmett 9	Thurndiolis Ca	12/29,1030

If more blanks are needed, address State Registrar, 16 W. Seratoga St., Belto., Requesting V. S. No. 1.

20

ADDREGS

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(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health. Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Leborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return 'Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman. nature of the husiness or industry, and therefore an the first line will be sufficient, e.g., Farmer or Planter, whatever, write Nonc. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same discase. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Thobar pneumonia, Bronchopneumonia ("Pneumonia");

> American Medical Association.) stated unless important. Example: Meosles (disease "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shoc use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcomo,, etc., of ..... (name origir: "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory" diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemua," "PUERPERAL pertionitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJUNY State cause for which surgical operation was under-Examples: A ceidental drowning; Struck by railway train Never report mere symptoms or terminal condicough; Chronic valvular heart disease, etc. The contributory

If this certificate is 1 oked over thoroughly and all quantum answered in detail, it will prevent further correspondence. A the Qual is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

Exact	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
	County Dalum A	1 The I Britain Dia No 3 0
rly classif ificate.	Village or City Catoursylle (No. C) VIII) 2FULL NAME Cerema Korise	Home - Edwordson Audiard)  Eloy  (If death occurred In n hospital or institution, give its NAME instead of street and number.)
cert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
y be prack of	benule White Single, MARRIED WIDOWED (Write the word)	16 DATE OF DEATH (Month), 26, 19230
hat it me ons on b	6 DATE OF BIRTH 22, 1852 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 19230 to Oct 26 , 19230 that I let saw h W alive on Oct 26 , 19235,
ms so ti	7 AGE    S   Wrs.   S   Mos.   If LESS than   I day hrs. or min.?	and that death occurred on the date stated above, at
plain tern nt. See i	8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Cerebral Hemonkage  (Duration) yrs. I mos. de.
EATH in Importa	which employed or (employer)	Contributory Selection Solection Secondary (Duration) 9780 mos de.
CF D	10 NAME OF FATHER DO. W. Clemens.	(Signed) Marshall B wish M. D. Oct 27 19236(Address) Calonnelle my
AUSE ION IS	OF FATTER (State or country)	*State / the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
cupat	of MOTHER Culturoun  13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Truns- ients or Recent Residents)
d stat	OF MOTHER (State or Country)	At place of deathyrs
shoul	(Informant) (Informant) (Informant)	it not at place of dea h?
CIANS	(Address) Kennington Md.	Kawaliu a 2, 193
5	Filed 927 1986 & Mattellal Registra	Win Heckellan Horkx
1	If more blanks are needed, address Ltate Negistran	r, 16 W. Saratoga St., Balto., Requesting V. S. ho. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healther," etc., without more precise specification as  $\nu_{uy}$  laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective ci Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealnature of the business or industry, and therefore an business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. household only (not paid Housekeepers who receive a whatever, write None. report specifically the occupations of persons en-For many occupations a single word or term on

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospipal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); S. Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by Committee on Nomenclature Recommendations on statement of cause of death inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL scpticacmia," "PUERPERAL pertlovidis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomst\_ted unless important. use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all " Uraemia, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY "" "Weakness," etc., when a definite disease Chronic Example: Measles (disease etc. The contributory valvular heart disease; not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Dr. West.

1		y Essex ULL NAME Miria			e & Woodw
_		NAL AND STATIST		JLARS	M
_	emale	White	MARRIED, WIDOWED, OR DIVORCES (Write the word	Widow	16 DATE OF DE
6 1	DATE OF BIR	March I8	th 1854	, 1	17 I HE
7 /	\GE	(Month)	(Day)	(Year)	
( F ( b	occupation a) Trade, prarticular kin b) General n	rofession or At ho	ome	or min.?	<u>ca</u>
( F ( b v	occupation a) Trade, prarticular kin b) General n	rofession or At hodo of work nature of industry establishment in yed or (employer)	ome	or min.?	<u>ca</u>
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13543	STATE OF	MARYLAND
	CERTIFICAT	E OF DEATH

d Bive Ward)

Registration Dist. No.

(If death occurred in a hospital or institu-

	tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH	
November 2	9 th 1930 <sup>192</sup>
(Month)	(Day)(Year)
17 I HEREBY CERTIFY, That I	
may 1 - 1930. 10 M	130.
that I last saw h M alive on Wer	25- , 193. 7.
and that death occurred on the date stat	ed above, at 2-1419 m.
The CAUSE OF DEATH * was as follows:	
Caven of Sin	
10 60 mm	
(Durstion)	yrsmosds.
Contributory	
Secondary	
(Signed) Olean C. Buth	
nov, 27 1930 (Address) 318	
*State the Disease Causing Deat Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	th, or, in deaths from Injury and (2) Whether
18 LENGTH OF RESIDENCE (For Hosients or Recent Residents)	pitals, Institutions, Trans-
At place of deathyrsds.	he tateyrsmesds.
Where was disease contracted, if not et place of death?	
Former or usual residence	***************************************
	DATE OF BURLE

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Plonter, tion applies to each and every person, irrespective of Spinner, nature of the business or industry, and therefore an Physician, Compositor, Architect, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealdefinite salary), may be entered as Housewife, Housebusiness, that fact may be indicated thus; Farmer (19 state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servont, Cook to report specifically the occupations of persons enployed, as At school, or At home. Carc should be taken whatever, write None. mer, (b) Cotton mill; (a) Salesmon. (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Farm laborer, Loborer-Coal minc, etc. Womwithout more precise specification as Day Locomoliec engineer,

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cetebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

capproved by Committee on Nomenclature ...... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, "PUERPERAL seplicucmia," "PUERPERAL perilonilis," elc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomtetanus) may be stated under the head of "contributory." occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railwoy train-(Recommendations on statement of cause of death American Medical Association.) Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJURY valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the latte is essential and must be obtained before the certificate is permanently filed

MARGIN RESERVED FOR BINDING	WRITE F IN WITH UNFADING INKTHIS IS A PERMANEN	N. BEvery Item of information should be carefully supplied ACE should be standard of CIANS should state CAUSE OF DEATH in plain terms so that it may be particulated of OCCUPATION is very important. See instructions on back of	
•		ż	

V. S. No. 1

PLACE OF DEATH  12185 STATE OF MARYLAND  CERTIFICATE OF DEAT				
County Bultimore	(9) CERTIFICATE OF DEATH			
	Registration Dist. No.			
Village or City Policy (No. 20	Ward) (If death occurred in a hospital or institution, give its NAME Instead of street and			
2FULL NAME Olizabeth	Geland number.)			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
Jenuce While Street Word)	16 DATE OF DEATH OCTOBER 5 th, 19230 (Month)—(Day)(Year)_			
6 DATE OF BIRTH  See 16, 1864	17 I HEREBY CERTIFY, That I attended the deceased from See 26 1929. to Sex 8 45 , 19230, that I last saw her alive on set 74 , 19230,			
(Month) (Day) (Year)  7 AGE [If LESS than	and that death occured on the date stated above, at b. A. m.			
65 yrs. 9 mos. 22 ds or min.	The CAUSE OF DEATH * was as follows:			
(a) Trade, profession or particular kind of work	Chronie Mejocardiles			
(b) General nature of industry	2			
business, or establishment in which employed or (employer)	(Duration) yrs, moss, ds,			
9 BIRTHPLACE (State or country) Bulto Mul-	Contributory Secondary  Dulation  yrs			
10 NAME OF RATHER adam. William	(Signed) 6.61 // Chols M.D.  Oct 8 1970 (Address) Prescrice mg			
State or country)  State or country)	*State the Discase Causing Death, or, in deaths from Violent Caus. s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.			
of MOTHER Many Schoels.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)			
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos ds. State yrs ds.			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?			
mitte Rubbert	Former or usual residence			
(Address) & o. Waldrow one	Job Cross Cemily Oct. /14,580			
15 Filed Oct 9 19230 EE Mechal	Lud a. Mausellan 103. S. Hansen			
If more branks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. I.			

(Approved by U. S. Census and American Public Health Association.)

cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the fuiness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: a additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer state occupation at beginning cfillness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a behover, Farm laborer, Laborer-Coal mine, etc Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." 'Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, report specifically the occupations of persons en-For many occupations a single word or term on without more precise specif ation as Day Locomolive engineer,

Statement of Cause of Death—Name, first, the Distance CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia");

10 ds. atic, "Atrophy." "Collapse" "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc., "Dropsy," "Fxhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of as fracture of skull, and consequences (e.g., sepsis, tdanus) may be stated under the head of "contributory." diseases resulting from ehildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary). (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably su cide. The nature of the injury, taken. FOR VIOLENT DEATHS State MEANS OF INJURY can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-..... (name origin; "Cancer" is less definite; avoid cough; Chronic Example: Meusles (disease etc. The contributory valvular heart disease;

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5

401

V. S. No. 1

N. B.

PLACE OF DEATH

County Baltimore	CERTIFICATE OF DEATH
CHOOWARD CANATORN M TOWARD	Registration Dist. No. 9 60
Village or City EUDOWOOD SANATORIUM, TOWSON,	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Lawrence Vince	It Schenrode stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single.  Married.  Wildowed.  OR DIVORCED Single  (Write the word)	16 DATE OF DEATH    10
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
October 4, 1904	Doc. 16 19228 to May 14, 1920,
(Month) (Day) (Year)	that I last saw h 1 M alive on M.C. 1930.,
If LESS than I day	and that death occurred on the date stated above, at
25 yrs ds. ormin.?	Pulmonay Tuberculosis
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 3 yrs mos ds
which employed or (employer)	Contributory Tuberculous Mening ITI
(State or country) gellystrume Pa.	Secondary (Durstion) About 2 mos ds
10 NAME OF	(Signed) M. A. Bridges M. D.
When I cherry	(Address) 100 William Mary Letters
OF FATHER (State or country)  Manyland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Man L. Elts	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Penna Wania	At place of deathyrsds. In the State 5yrsds
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE HOSpital Records Personal History	Where was disease contracted, Unknown if not at place of deals?  Former or 614 Calon Ac. Baltine h
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Eudowood Sanatorium, Towson, Md.	Middletown Pa May 16, 10 3.
Filed May 14 198 Thu P. Buther Def	William Cook 1217 St Paul
If more blanks are needed, address State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

05257 STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) state occupation at beginning of illness. If retired from laborer, Furm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, cupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Cure should be taken household only (not paid Housekeepers who receive a Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enr," etc., Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on grs). (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day Stationary fireman, etc. But in many For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on telanus) may be stated under the head of "contributory." earbolic acid-probably suicidc. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. ean be ascertained as the eause. Always qualify all " Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: A ceidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJULY State eause for which surgical operation was underdiseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiperilonaeum, ete., interstitial nephritis, "" "Weakness," etc., when a definite disease Chronic Carcinoma, Sarcoma, etc., of valvular heart disease; etc. The contributory Nomenclature

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

No. 1

Village or City Pubernelle (No.	STATE OF MARY CERTIFICATE OF Registration Dist. No.
Viola Hillebort Frih	Echenda a hos tion, stend numb
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE
Final 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  W 28  (Month)-15  (Day)
G DATE OF BIRTH  Cucy 13, 1894  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended t
7 AGE   If LESS than   I day hrs.   3 de yrs. 3 mos. 14 ds. or min.?	and that death occured on the date stated above, and the CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work.  (b) General nature of industry business, or establishment in which employed or (employer)	Jun Stof Would Her  Some et al.  (Duration) yrs.  Contributory
10 NAME OF FATHER JAM & Truck for 11 BIRTHPLACE	Secondary  (Duration) yrs  (Signed) Unrhand bely Coron  Nov. 28 1920 (Address) Orlsion
OF FATHER  (State of country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  Co. h. 1  14 OF MOTHER  15 DIRTHPLACE OF MOTHER  16 OF MOTHER  17 OF MOTHER  18 DIRTHPLACE OF MOTHER  18 DIRTHPLACE OF MOTHER  19 OF MOTHER  19 OF MOTHER  10 OF MOTHER  10 OF MOTHER  10 OF MOTHER  11 OF MOTHER  12 OF MOTHER  13 DIRTHPLACE OF MOTHER  14 OF MOTHER  15 OF MOTHER  16 OF MOTHER  17 OF MOTHER  18 OF	*State the Disease Causing Death, or, in Violent Causia, state (1) Means of Injury an Accidental, Suicidal or Homieidal.  18 LENGTH OF RESIDENCE (For Hospitals, In ients or Recent Residents)  At place of death yrs
(State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) hus huma y Fich  (Address) Poly rule hd.	Where wes disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DAT  Druid Ridge for .  20 UNDERTAKER
Filed Nov 29 19230 & Wichos Régistras  If more bianks are needed, address State Registras	m. m. Wiedeleld.  30/ 2 Bal) 16 W. Saratoga St., Balton, Requesting V. S. No. 1.

13544

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital er institu-tion, give Its NAME in-stead of street and

MEDICAL CE	RTIFICA	TE OF DEA	TH
			, 193 c
17 I HEREBY CERT	IFY, That	attended th	e decensed fro
19	2 to		192
hat I last saw halive	on	••••••	192
and that death occured on	the date st	ated above, at	tr
The CAUSE OF DEATH * w			
11 11		PH .	
gun shot le	In	Her	1 -
Sonie	A-		
Jon C	The state of the s		
	(Duration)	yra	насе с
Contributory			0.0000 #88800
Secondary	2 75.		
(d)	(Duration)	(C) yrs	mos
(Signed) Christian		79/ -	( M.
nov. 28 1920 (Add	Ireas)	your	le ne
*State the Discase Violent Causis, state (1 Accidental, Suicidal or Hom	Causing D ) Means o icidal.	eath, or, in f injury and	deaths from (2) whether
8 LENGTH OF RESIDEN			AND DESCRIPTION OF THE PERSON NAMED IN COLUMN 1
lents or Recent Residents			
At place of deathyrsmos	ds.	n the Stateyrs.	mos
Where wes disease contracted, f not at place of death?			
Former or			
	E-401441 4	5.75	O
9 PLACE OF BURIAL OR R	EMOVAL	DAIR	OF BURIAL

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples : (a) state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g.. Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enwork, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return 'Laborer,'" (Foreman," "Manager," (Pealnature of the business or industry, and therefore an Civil engineer, tion applies to each and every person, irrespective of Housemaid, etc. If the occupation has been changed borer, Furm laborer, Laborer—Coal mine, etc. Foreman, For many occupations a single word or term on without more precise specification as Day Compositor, Architect, (b) For persons who have no occupation Stationary fromun, etc. Automobile factory. The material Locomotive engineer But in many Grocery, Wom-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphial fever (the only definite synonym is "Epidemic cerebrosphial meningitis"); Diphtheria (avoid use of "Croup"); "yphoid fever (never report "Typhoid Pneumonia"; obar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, atic), "Atrophy," "Collapse," "Coma," "Convulsions," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anacmia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcona, etc., of approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, letanus) may be stated under the head of "contributory." curbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. Fon violent deaths state means of injury. State cause for which surgical operation was undercan be ascertained as the cause. Always quality all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, mernecident; Revolver wound of head -homicide; Poisoned by Examples: Accidental drowning; Struck by vailway trainesor as probably such, if impossible to determine definitely. Whooping American Medical Association.) (Recommendations on statement of cause of interstitial nephritis, cough; Chronic etc. valvular heart disease The contributory

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

0.1	Baltimore
Cou	<b>nty</b>
1	
Villa	nge or City Hale thorpe (No. 329 Win
1	Alice Edwards
	<sup>2</sup> FULL NAME
	PERSONAL AND STATISTICAL PARTICULARS
3 SE	MARRIED, SINGLE
Fe	emale White WIDOWED OR DIVORCED (Write the word)
6 D/	ATE OF BIRTH
	September 19" 1874
7 AG	(Month) (Day) (Yea
Ad	55 8 20 1 day,h
	yrs. mos. ds. OR min.
2 mp	Siness, or establishment in hich employed (or employer)
	father Thomas D. Edwards
	OF FATHER Charlotte Hall, Md. (State or country)
ENTS	
PARENTS	of Mother Julia Harrison
RENT	12 MAIDEN NAME OF MOTHER Julia Harrison  13 BIRTHPLACE OF MOTHER Charlotte Hall, Md.

06456 STATE OF MARYLAND CERTIFICATE OF DEATH

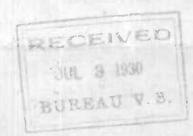
Ave.

Registration Dist. No.

[If death occurred in a hospital or institution, give its NAME instead of street and number.] St.;....Ward)

MEDI	CAL CERT	IFICATE C	F DEATH	
16 DATE OF DEATH	June,	9th.	1930	193
		(Month)	(Day)	(Year)
that I last saw hand that death oc	1930 A alive	n Ju	lik 9	183 C
The CAUSE OF DE				L
auti	File	4	w Plu	wwy
Contributory C	endi	(Burston)	onfer	o le
Signed)  Starte the Dra  CAUSES, state (1) SUICIDAL OF HOMICI	MEANS OF I	3324 BEATH OF	fred in deaths from \( 2) whether Acci	on. J. de
B LENGTH OF RESIDER AT place of deeth	(76) masda.	le the	NSTITUTIONS, T	
Former or asset rasidence	******		***************************************	
Alh Faith	P.E.	nurch	June, 1	1 30
Cem/ St. Mar	ya Go.	Md	ADDREBS G	V/3/1

If more blanks are needed, address State Registrar, 16/W. Saratoga St., Balto., Requesting V. S. No. 1



melo 30 we refuge

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from tired 6 yrs). definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager." "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocworked on may form part of the second statement. etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery,

Strtement of Cause of Death—Name, first, the DISEA. ECAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebross inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcona, etc., of ........ (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, aecident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Aecidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory Nomenclature of the not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-Ward) tion, give its NAME it stead of street and number.) AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE PERMANEN MARRIED 0 WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH HEREBY CERTIFY, That I attended the deceased from (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at I day .... hrs. The CAUSE OF DEATH \* was as follows: min. OCCUPATION (a) Trade, profession or particular kind of work pla (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE (State or country) Secondary (Durstion) 10 NAME OF (Signed) L 0 11 BIRTHPLACE OF FATHER ENT SO \*State the Disease Causing Death, or, in CAU (State or country) Violent Causes, atate (1) Means of Injury and Accidental, Suicidal or Homicidal. ati PARI 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transinform d state ients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER In the of death ... (State or country) should of Where was disesse contracted. of if not at place of death? Former or usual residence IANS St. If more blanks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MARGIN

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or Al Home, and children, not gainfully emlaborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman. nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the 6 The ques-Grocery;

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Traemia," "Weakness," etc., when a definite disease diseases resulting from childbirth or misearriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," ("Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. ..... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJUNY can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature Measles;

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8. No. 1

N. B.--

PLACE OF DEATH  County_Baltimore	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 38
Village or City EUDOWOOD SANATORIUM, TOWSON,  2FULL NAME John E R block.	MD. St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, MIDOWED, WIDOWED (Write the word)	Ournary (Month) 7 (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from NOVEMBER 1930, 1930, that I last saw him alive on Jace 7, 1930,
7 AGE  46 yrs. 2 mos. ds. or min.?	and that death occurred on the date stated above, at 1.108., m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work Carpeuler	Orelmunary Subercelloses
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 2 yrs. mos. ds.
9 BIRTHPLACE (State or country) Stock hold, Sw.	Contributory Secondary (Duordon) yrs mos ds
FATHER Joves Explose	(Signed) M. D. M. D. Maryland.
OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Hospital Records Personal History (Informant)	Where was disease contracted, Unknown if not at place of deah?  Former or usual residence.
Eudowood Sanatorium, Towson, Md.	19 PLACE OF BURIAL ORIBEMOVAL DATE OF BURIAL June 11.
Filed Jan 8 1930 Mm P. Butter of Registrar	20 UNDERTAKER POR 1717 STILL
If more banks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer -- Laborer -- the many control of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Civil engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocworked on may form part of the second statement. etc., For many occupations a single word or term on yr8). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery;

Strtement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pucunonia, Bronchopneumonia ("Pneumonia,")

> tetanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," approved by Committee on Nomenclature of the (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary) Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic etc. The valvular heart disease; contributory

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V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Ballo-	CERTIFICATE OF DEATH
Village or City Puttiston (No	Registration Dist. No. 33  St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE SINGLE, MARRIED, MONUL WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
May 26, 1905	that I last saw h Cf alive on last 1 attended the deceased from 1920,
7 AGE  1 St. 6 mos. 6 ds.   If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yre moe de.
9 BIRTHPLACE (State or country) Manyland	Secondary  (Durstigst)
10 NAME OF FATHER MEADER SI WEGEN  11 BIRTHPLACE OF FATHER (State or country) Maryland	(Signed)
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country) Moryland	At place of deathyrsmosds. In the Stateyrsmosds.
(Informant) Mary & Commes	if not at place of death?
(Address) Wordlawm Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL WOODLAWM CUMMY DLC 15, 1936
15 Filed L96 v 14 1923 0 18 mallows	20 UNDERTAKER ADDRESS

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specifications, laborer, Rarm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or. At home. Care should be taken whatever, write None. household only (not paid Housekeepers who receive a business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Salesman. (b)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, etc. The contributory tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. (secondary or intercurrent) affection need Whooping cough; approved by as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Committee on Chronic valvular heart Nomenclature Always qualify all of the

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PLACE OF DEATH	05258 STATE OF MARYLAND
	CERTIFICATE OF DEATH
County Baltimore	(171) Registration Dist. No. 3
Sheppard and Mnoch Pratt Hospit	al .
Village or City Own (No.	St.: Ward (If death occurred in a hospital or institution, give its NAME in
Gol. of P	stead of street and
2FULL NAME COMMUNICATION	C/LOT/
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 MARRIED.	16 DATE OF DEATH
MIDOWEDT OR DIVORCED	(Month) (I/ay) (Year)
(Write the word)	17 HEREBY CERTIFY, That attended the deceased from
6 DATE OF BIRTH	and 19 1930 to May 4 1936
May 19 1830	that I hast saw h M alive on M CHI 9 1920
(Month) (Day) (Year)	and shot death accurred on the date stated above, at
7 AGE	
(1) yrs. / mos. / ds. or min.?	
B OCCUPATION O DE STATEMENT	the nest and both which a
(a) Trade, profession or particular kind of work susurance	
(b) General nature of industry	
business, or establishment in Business which employed or (employer)	(Duretion), was de
	Contributory a filled all filled
9 BIRTHPLACE (State or country)	1 1 Bullet Bowness
I TO NAME OF	(Signed) MANA SHILL M. E.
FATHER WWW / Sheath	275
O 11 BIRTHPLACE	The Dorth on in deaths from
OF FATHER (State or country)  OF GATHER  OF GATHER	Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Sulcidal or Homicidal.
IL 12 MAIDEN NAME	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran
of MOTHER LAND & MEN	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of death
(State or country) . O. Calouda	Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or 1 1 Hind Days (Bralth.
(Informant) Hospital Records	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	Or main Aform Mail 6 1036
(Address)	Green Mount Cem Address
15 Filed May 6 1920 Wal Bull	20 UNDERTAKER AND REAL MORESS AND THE STATE OF ADDRESS AND THE STATE OF
Mo Registras	Mary of fraking sousces in wellow the
If more bianks are needed, address State Registre	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. sary to know. (a) the kind of work and also (b) the en at home, who are engaged in the duties of the fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer. tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomolive engineer, Foreman, (b) Automobile foctory. The material first line will be sufficient, e. g. Farmer or Planter, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womins). (b) Cotton mill; (a) Solesman. without more precise specification as Day For persons who have no occupation Stationary freman, etc. As examples : (a) But in many 6 Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever inever report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopncumonia ("Pneumonia");

"(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid-probably swedde. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. ean be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmeumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., scpsis, taken. FOR VIOLENT DEATHS state MEANS OF INJURY (secondary American Medical Association.) approved by Committee on Nomenclature Examples: Accidental drowning; Struck by roilway train Whooping cough; (Recommendations on statement of cause of death .... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions," interstitiol nephritis, or intercurrent) Chronic etc. affection need valerular heart The contributory Sarcoma,, etc., of disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will provide further correspondence. A lithe data is essential and must to obtained before the certificate is permanently filed.

1PLACE OF DEATH	14665 STATE OF MARYLAND
County Batterner	CERTIFICATE OF DEATH
Village or City Month tons.	Registration Dist. No.
- Constitution of the cons	St.: Ward) (If death occurred i a hospital or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  Security 7, 1980  (Month) (Day) (Year)
DATE OF BIRTH unknown	17 I HEREBY CERTIFY, That I attended the deceased from 22 1930 to See 7, 1937
(Month) (Day) (Year)  7 AGE   If LESS than   I day hrs.	and that death occurred on the date stated above, at 915 And The CAUSE OF DEATH * was as follows:
byrs. mos. ds. or min.?	arterio S Clerosis
(a) Trade, profession or particular kind of work	Lemphletha
(b) General nature of industry business, or establishment in which employed or (employer)	(Huration) yrs
9 BIRTHPLACE (State or country)  Maryland	Contributory Secondary  (Duration)d
10 NAME OF John Pressol	(Signed) 03 03 03 ensu M. E.  Jha 7 1920 (Address) Cockeysville Mr.
of FATHER (State or country) Pennsylvania	*State the Disease Causing Death, of in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Eliza Chrtis	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Manyland	At place In the of death yrs. mos. ds. State yrs. mos. d.
14 THE ABOVE IS TRUE TO THE BEST OF W KNOWLEDGE	if not at place of death?
(Address) Mythan Md	Ternen benelog hec 10, 1978
15 Filed tee 8 1950 Francis At Blake	1 6 Servotes & Son Sparks
If more blanks are needed, address State Registrar	. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Doy loborer, Form laborer, Loborer—Coal mine, etc. Women at home, who are engaged in the duties of the business, that fact may be indicated thus; Farmer gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. whatever, write None. or given up on account of the DISEASE CAUSING DEA to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise stutement of oc-Foreman, For many occupations a single word or term on yrs). Compositor, For persons who have no occupation (b) Automobile factory. The material nipositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many The ques-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebio spinal meningitis"); Diphtheria (avoid use of "Croup"): Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonio, Bronchopneumonia ("Pneumonia,")

"PUERPERAL septieucmia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease earbolic ocid-probably sucide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: A ceidental drowning; Struck by railwoy troin-(secondary Chronic interstitial nephritis, etc. The contributory Whooping cough; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Corcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvulor heart Meosles; disease;

this certificate is looked over thoroughly and all questions over the correspondence. All the talls essential and must be obtained before the certificate is unapently filed.

DEC 1

V. S. No. 1

PLACE OF DEATH County Baltone	(1525) STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 95	
2FULL NAME Sallie a. El	St.: Ward) (If death occurred in a hospital or institution, give its NAME i. stend of atreet and number.)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED MARRIED (Write the word)	16 DATE OF DEATH Thay 2nd, 1980  (Month) (Day) (Year)	
6 DATE OF BIRTH    Color   Col	that I last say he alive on many 1930 of and that death occurred on the date stated above, at 1240 A.m.	
79 yrs. // mos. // ds. or min.?  8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	The CAUSE OF DEATH * was as follows:	
business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country) Back Co. Ind  10 NAME OF FATHER Jackson Wilson  11 BIRTHPLACE (State or country) Back Co. Ind  2 Corporation of Mother Country Cou	(Signed) Moralion)  (Signed) Moralion)  (Signed) Moralion)  (Signed) Moralion)  (Signed) Moralion)  (Signed) Moralion  (Signed)	
OF MOTHER (State or country) Balto. O. M.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Prob. T. P. Summford  (Address) Sol Wassered Parky  15 Filed Try 4 1980 miles 130 from In W. Registrar	At place of death yrs mos ds. State yrs mos da Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF SURIAL OR REMOVAL  VENUE M-E. Centy May 6, 130. 20 UNDERTAKER  P. Mauplinton while fall had	
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer tree state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH guged in domestic service for wages, as Screant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Colton mill; (a) Salesman. (b) without more precise specification as Day (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diserse. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-honnicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, "Inanition," "Heart failure, Haemorinage, "Shock," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; "" "Weakness," etc., when a definite disease or intercurrent) affection need not be ses important. Example: *Measles* (disease Chronic valendar heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH
	County alternam
The state of the s	
Vil	llage or Ci Odgemer (No. Sycan
	2 FULL NAME Stell bone in
	PERSONAL AND STATISTICAL PARTICULARS
3 5	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
8 1	DATE OF BIRTH
	Jev. 2/9, 1/30
-	(Month) (Day) (Year)
	yrs. moa. ds. or miq.?
8 0	OCCUPATION
130	a) Trade, profession or normalization articular kind of work
100	b) General nature of industry pusiness, or establishment in which employed or (employer)
9 8	BIRTHPLACE (State or country) Mul
	1D NAME OF THE Ellioth
RENTS	11 BIRTHPLACE OF FATHER (State or country)
PARE	of MOTHER Gorgette Orews
	13 BIRTHPLACE OF MOTHER (State or Country)
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
	(Informant) Pergette ForaGellial
	(Address) Sparrows Gorns

Filed 18 19230 17.

If more b.anks are needed, address State Registrar, 18 W. Saratoga St., Balto., Requesting

01373

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

	St: Ward) a hospital or institu-
	Aan Ellingive its NAME in- stead of street and number.)
-	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH Feb. 27/5 19238
	(Month) (Day) (Year)
	17   HEREBY CERTIFY, That I attended the deceased from 192 to 192 , 192
	that I last saw halive on, 192,
	and that death occurred on the date stated above, at
	Still form infant (7 mo)
	Contributory Secondary
	(Signed) (Duration) Toos da.  (Signed) M.D.  # 193 MAddreas Chancus Comes
	*State the lis ase Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	At place In the of deathyrsmosds. Stateyrsmosds.
	Where was disesse contracted, if not at place of dea h?
	19 PLACE DF BURIAL OR REMOVAL DATE OF BURIAL
	Sent to quatonical Lab. 19
•	ADDRESS

V. S. I.o. 1.

No. 00

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(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from g ged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken en at home, or given up on account of the DISEASE CAUSING DEATH. household only (not paid Housekeepers who receive a For many occupations a single word or term on :yrs). without more precise specification as Day Compositor, Architect, Locomotive engineer, who are engaged in the duties of the For persons who have no occupation Stationary freman, etc. But in many -Coal minc, etc. Wom-

Statement of Cause of Death—Name, first, the Dis-EACE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "(Enhaustion," "Heart lanure, "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic valvular heart disease; etc. The contributory Nomenclature of the not be

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

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"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness, (secondary Whooping cough; approved by Committee on Nomenclature of the and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-(Recommendations on statement of cause of as fracture of skull, and consequences (c. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. American Medical Association.) perilonoeum, etc., Corcinoma, Sorcomu, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as or intercurrent) Chronic ," etc., when a definite disease valvular heart discose; etc. The contributory affection need not be

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PHYSICIANS should state of OCCUPATION is very

properly classifled. Exact statemen

stated EXACTLY.

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AGE

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of information should be

CAUSE OF I

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No. 1.

V. S.

See Instructions on back of certificate. DEATH in plain terms, so

RECORD

### 1 PLACE OF DEATH

OR A4.

### 10139

### STATE OF MARYLAND CERTIFICATE OF DEATH

County Williams Th	Registration Dist. No. 3
1	
Village or City Jourson (No. 104 4) 2FULL NAME Julia Ridgely	(If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemal While (Write the word)	16 DATE OF DEATH Sefet 16, 1990. (Month) (Day (Year)
6 DATE OF BIRTH	HEREBY CERTIFY. That Lattended deceased from
(Morry (Day (Year	3/ Last 1900 - 100 - 100 - 100 - 3
7 AGE It LESS th	and that dotte occurred out the date stated above, at
77 yrs 8 mos 12 ds OR min.	THE CAUSE OF DEATH * Was as follows:
(a) Trade, protession, or particular kind of work.  (b) General nature of Industry, business, or establishment in making and protession.	Jufarmilies Jage  (Ouration) ys. 9 mos. ds.
which employed (or employer)  Baltimore (State or country)  Baltimore Md(	Contributory Paraly sits fleft Seels
10 NAME OF Harles W. Ridgely	(Signed) J.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
The state of Mother of Mot	CAUSES. state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Maryland.	At place in the ot death yrs. mos. ds. State yrs, mos. ds
(Interment) Mir. Hopper Comory Son	Where was disease contracted, It not at place of death?————————————————————————————————————
(Address) 104-20- Cenna. ar. Jourson	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

DATE OF BURIEL

ADDRES

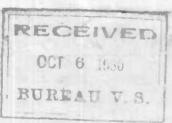
[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)who have no occupation whatever, write None. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal material worked ou may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic eero-brospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is iudefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

ctc., when a defluite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Marasmus," "Old Age," "Shoek," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from geuital," thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. thre of the American Medical Association.) cause of death approved by Committee ou Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or misearriage as "Puerperal septichae-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. "Contributory." is less definite; avoid use of "Tumor" for mallg The contributory Measles (disease causing death), 29 ds.; "Seuile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



County Ballune	O1374 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30		
	She & Arthur Cre. St.; Ward)  Elhardi . St.; Ward)  [If death accorred to a hospital or institution, give its NAME instead of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
nale 4 color or race 5 single, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)		
6 DATE OF BIRTH  Jek 7, 1857  (Month) (Day) (Yes)	r) that I last saw hallive on 1900		
7 AGE  If LESS th  1 day, hi  OR min.	IS. The Cause of Dearly & was so follows:		
OCCUPATION (a) Trade, prefession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Md.	Corolio melocia  (Ouration) yest mos d  Contributory Consolutory  Secondary  (Ouration) yest mos d  (Ouration) yest mos d		
10 NAME OF John John C. Sugarhard.  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	(Signed)  Fedge (Address)  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal of Homicidal.		
of Mother Elizabet Sugel.  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS)  At place of death yrs. 2 mos. ds. Where was dissess contracted, If not all place of death?  Former or		
(Address)  (Address)  (Address)  (Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER ADDRESS		
Filed 1915 REGISTRAR  If more blanks are needed, address State Registr.	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary sugineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbusiness, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever, The material worked on may form part If retired from

Statement of Cause of Peath—Name, first, the disease causing dearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup"); Typhlaid fever (never report "Typhloid pneumonia"); Lohar pneumonia Branchopneumonia ("Pneumonia," undefinite): Tuberculosis of lungs, menin-



la-cho mary

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ..... lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia," chomeumonia (secondary), 10 ds. Never report more Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. The contributory (secondary or intercurcough; Chronic vulvular heart disease; Chronic interstitial "Tumor" for mahymant neoplasms); Measles, Whooping (name origin; "Cancer" is less definite; avoid use of birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deates "Anaemia" (mcrely symptomatic), and consequences (e. g., sepsis, letanus) may be stated suicide. The nature of the injury, as fracture of skull on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably Struck to determine definitely. Examples: Accidental drowning Always qualify all diseases resulting from ehildrailway train-accident; Revolver wound "Atrophy," "Colimportant.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



V. S. No. 1

N. B.--

>	4		, PHYSI- ed. Exact
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PLACE OF DEATH	08486 STATE OF MARYLAND CERTIFICATE OF DEATH
County Otto	Registration Dist. No.
Village or City Willy Dova (No. Mugsburg & Pull NAME John Churich	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, MARRIED, WIDOWEDY OR DIVORCED (Write the word)	16 DATE OF DEATH 23 /930, 7572 (Month) (Day) (Year)
6 DATE OF BIRTH  (Spil / 1864, 1  (Month) (Day) (Year)	that I last saw h malive on July 23, 1920,
7 AGE 66 yrs. 3 mos. 22 ds. If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yts. mos ds.
9 BIRTHPLACE (State or country) Dalling Md	Contributory Secondary  (Dyfation) yrs mos ds.
10 NAME OF Johns Emiles	(Signed) Clow Wife M. D. (Address) 002 Jan can
OF FATHER  (State or country)  (State or country)  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER hay known	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place 3 yrs. 2 mos. 2 ds. In the State yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence
(Informant) M. Leysburg Lerne	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL Cul's Crolitville July 25, 1930.
15 Filed ul 23 19230 My. Buffer Registrar	Louis I Veeman 32 & Brooker
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, writc None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstilial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, earbolic acid-probably suicide. The n.ture of the injury, taken. FOR VIOLENT DEATHS state MEANS OF INJURY Examples: Aceidental drowning; Struck by railway train-Chronic valvular heart disease, etc. The Nomenclature of the contributory

American Medical Association

If this certificate is loosed the throughly and all questions answered in detail, it will produce the retificate is permanently filed

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V. 8 No. 1

PLAGE OF DEATH County Dalto.	12186 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City (No. 6/3 / Lo	Ward) (If death occurred a hospital or institution, give its NAME stead of street a
2FULL NAME OF AUCTUS 5V. CC	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Witte Single, Married, Widoweb.  OR DIVORCED OR DIVORCED OR DIVORCED OR DIVORCED	16 DATE OF DEATH Dev. 26, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH 028 , 1859	17 I HEREBY CERTIFY, That I attended the deceased from 1980 to 0 1 2 6 , 198
(Month) (Day) (Year)	that I last saw h 1 alive on CC 19
7 AGE	
70 yrs. // mos. 28 ds. or min.?	
BIOCCUPATION	adeas I - release in
(a) Trade, profession or tarmer.	and the state of t
(b) General nature of industry	Chronic reformities Central
business, or establishment in Welvied 7 473.	(Duration)yrsmos
9 BIRTHPLACE	Contributory Myttaudus -
(State or country) Kouserlle. Ky.	werna (Duration) yre I mos.
10 NAME OF Michael Eurlight	(Signed) Trederick Leit M.
0 11 BIRTHPLACE	(Address) Suryu Success
OF FATHER (State or country)  12 MAIDEN NAME  OF FATHER (State or country)	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Joann Kealy	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Tr.
13 BIRTHPLACE OF MOTHER	At place In the of deathyrsmosds. Stateyrsmosds.
(State or Country)	Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Interment) Mrs. Mary Elley Curry	usual res.dence
(Address) 6/3 Worl Bend Rd.	Tourville My 28, 19
15 Filed 10/20 193 All Sudias	29 UNDERTAKER PROPERTY ADDRESS LAND
- 1 colland	ir, 16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more record mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. Spinner, (b) Colton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e.g., Farmer or Planter, tion applies to e.ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, en at home, who are engaged in the duties of the nature of the business or industry, and therefore an Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed Never return "Laborer," "For man," "Nanager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day Locomolive engineer, But in many Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal of fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E.:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," (secondary or intercurrent) affection need not be st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid "PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death idanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS state MEANS OF INJULY Chronic etc. The contributory valvular heart disease;

If the certificate is looked over thoroughly and all questions are seed in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

ermanently filed.

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PLACE OF DEATH	STATE OF MARTLAND
County Baltonore	CERTIFICATE OF DEATH
County	Registration Dist. No. 3
a t	10 0.
Village or City Cotonsville (No. 2 FULL NAME Charles Enso	Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white Single,  MARRIED, WIDOWED welow OR DIVORCED (Write the word)	16 DATE OF DEATH  Teh. 18 , 1980 (Month) (Duy) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	7. Late 1.2 1930, to Fat 1.8 1980.
Sefet 30, 1885	that I last saw him alive on Feb 18 1980.
(Month) (Day) (Year)	and that death occurred on the date stated above, at
l dayh	The CAUSE OF DEATH & was as follows:
	? Brancho-proumone
8 OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry	(D. ; )
business, or establishment in which employed or (employer)	Contributory acute replaction
9 BIRTHPLACE (State or country)	Secondary (Durstion) - was b da 7
10 NAME OF FATHER	(Signed) Ablt Oly Mercelt M.D.
Frank Enson	- Febr 17 19270 (Address) Cartonsulle Me
11 HIRTHPLACE OF FATHER (State or country) Boltonore Co 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Menns of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of Mother untersour	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
18 HIRTHPLACE OF MOTHER (State or country) Baltingras Co	At place of death yrs mos 6 da. In the State, yrs mos da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of desth?
(informant) mas. Vintar may nor I	Former or usual residence.
(Andrews) Gambrilly md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Files Feb 18 10230 CZ Watt Least	20 CNBERTAKER ADDRESS
Registrar	Chinoweth for 3615 Chestrant
if more blanks are needed, address State Registr	ar. 16 W Saratoga St., Balto., Requesting V 8 No 1



### REVISED UNITED STATES ERTIFICATE OF DEATH STANDARD

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook ployed, as At school or At home. Care should be taken to report specifically the occupations of persons enwork, or At Home, and children, not gainfully em-Whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing Death. Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the additional line is provided for the latter statement; it household only (not paid Housekeepers who receive a laborer, Furm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman." "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of (a) Foreman. (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotice engineer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocetc., For many occupations a single word or term on without more precise specification as

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal Typhoid fever (never report "Typhoid pneumonia"); to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Lobar pneumonia, Bronchopneumonia ("Pneumonia," fever (the only definite synonym is "Epidemic cerebro Statement of Cause of Death-Name, first, the Dis-

> ary), 10 ds. Never report mere symptoms or terminal inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conseand qualify as Accidental, Suicidal, or Homicidal, or taken. For violent deaties state means of injury State cause for which surgical operation was under-"Puerperal septicuemia." "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanitlon," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustlon," "Heart failure," "Haemor symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" (merely causing death), 29 ds.; Bronehopneumonia stated unless important. Example: Measles Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely "Uraemia," "Weakness." etc., when a definite disease vulsions," Poisoned by carbolic acid-probably suicide. The na-(secondary or intercurrent) affection need not be Whooping cough; "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart discuse; (Recommendations on state-(disease

If this certificate to Looked over thoroughly and all ques-



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	CORD	Ehould Le stated EXACTLY, PHYSI-	ly classifie
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PLACE OF DEATH	0167 STATE OF MARYLAND
County 2ato	CERTIFICATE OF DEATH
700000000000000000000000000000000000000	Registration Disk No. 38
Village or City Revaluation (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH  October 17, 1850  (Month) (Day) (Year)	17 I HEREBY FERTIFY, That I attended the deceased from  1920  that I last saw band alive on 26 1920
7 9 yrs. 3 mos. 14 ds. or min.?	and that death occurred on the date stated above, at 100 mm. The CAUSE OF DEATH * was as follows:
B OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	Ocul Dild Heart
which employed or (employer)  B BIRTHPLACE (State or country)  Balts - Co. Shed.	Contributory Welson Barrel Park Secondary
FATHER Wm. Onick Enon.	(Signed) (Signed) (Address) (Address) (Signed) (Signed) (Address)
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  OF MOTHER	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  Baltimore, Ind.	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs
(Informant) The . W . O . Ener	if not at place of dea.h? Former or usual residence
(Address) Beisterstown Red	Bosleys-Sparks, and Date of Burial
Filed Jan 28 1930 H. M. Blake Registrar	20 UNDERTAKER DINGS & Sparks Med

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Norman, Cook, Housenwid, etc. If the occupation has been changed en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman. (h) Groccry; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e.g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Compositor, For persons who have no occupation Laborer-Coul mine, etc. Wom-Architect, Locomolive engineer, The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same discuse. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia,")

American Medical Association.)

If this certificate is looked over thoroughly and all gu stions answered in detail, it will prevent further correspondence. All the stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage causing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL sephicaemia," "PUERPERAL perilonihis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; Chronic ..... (name origin; "Cancer" is less definite; avoid "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinonu, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all quistions a hawered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No.

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loborer, Form laborer, Laborer—Coal mine, etc. state occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return 'Laborer,'" Foreman," 'Manager," 'Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples : (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Plonter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servont, Cook; ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Civil engineer, Stationary fireman, etc. But in many Physician, report specifically the occupations of persons ennner, (b) Cotton mill; (a) Salesman. (b) Grocery; Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on that fact may be indicated thus; Former (rewithout more precise specification as Day Compositor, who are engaged in the duties of the For persons who have no occupation Architect, Locomolive engineer, Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor meumonia. Bronchopneumonia ("Pneumonia");

stated unless important. Example: Measles (disease inges, peritonaeum, etc., Corcinoma, Sarcoma, etc., efc..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Mecsles; "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary); telanus) may be stated under the head of "contributory." carbolic acid-probably suncide. The nature of the injury, or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Wcakness," etc., when a dcfinite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train Whooping Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic "," "Coma," "Convulsions, etc. The contributoryvalvular Nomenclature of the heart disease; "Shock,"

If this certificate is looked over thoroughly and all quations answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the cartificate is permanently filed.

PLACE OF DEATH ,	08960 STATE OF MARYLAND
County Baltemore	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Catousille No. Horing	(If death occurred a hospital or institution, give its NAME stead of street a number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
G DATE OF BIRTH June 5' , 186	17 I HEREBY CERTIFY, That I attended the deceased from 1917. to Our 27, 1925
(Month) (Day) (Year) 7 AGE   If LESS the	- 2/50
67 yrs. 2 mos. 20 ds. or min	rs. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	Cerebral Ends Casna (Durstiog) yes mos /
which employed or (employer)  9 BIRTHPLACE (State or country)  Germany	Contributory Bar neumones Secondary (Durstion) yrs mos 10.
10 NAME OF FATHER Quest Fischer	(Signed) Post & Garrett M.  - aug 27 1920 (Address Catorsville M.
Il BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  13 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER auna Ochmedt	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country) Yermany	At place 6 yrs 9 mos 3 ds. In the 25 yrs mos State 2 yrs mos mos state 2 yrs mos mos mos state 2 yrs mos mos mos mos mos mos mos mos mos mo
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?  Former or usual residence 1308 Myrtle The
(Address) 3802 Hamelby Bug	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Rug 30, 19 3
15 Filed lug 2719230 De Matthe	In Som book 277 I faul Se
If more branks are needed, address State Registr	rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precured in the duties of the Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housenature of the husiness or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. approved by Committee on Nomenclature of the (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condi-Chronic valvular heart disease, etc. The contributory

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V. S. No. 1

N 8.--

PLACE OF DEATH	(15261) STATE OF MARYLAND
County (Dall)	CERTIFICATE OF DEATH
1, 0	Registration Dist. No. 33
Village or City Llynder (No.	St: Ward) (If death occurred in a hospital or institu-
2FULL NAME Joseph S &	ASLY stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mail White Single, Married, Married, Wildweb. OR DIVORCED (Write the word)	16 DATE OF DEATH MAY 8th 1980, (Year)
6 DATE OF BIRTH  PAN  GA  GA  GA  GA  GA  GA  GA  GA  GA	I HEREBY CERTIFY, That Jattended the deceased from
(Month) (Day) (Year	and that death occured on the date stated above, at 12 m.
7 AGE If LESS than I day hrs.	The CAUSE OF DEATH * was as follows:
yrsds. ormin.?	Begrupelian gites or mesupales
s OCCUPATION  (a) I rade, profession or particular kind of work	
(b) General nature of industry ( business, or establishment in which employed or (employer)	(Duration) yre moe 22 de
9 BIRTHPLACE (State or country) Palverd Co Mol,	Contributory Secondary  Justfleener (Duration) yrs mos 5 de
FATHER Sammuel Casey	(Signed) John M. D. May 8 1923 O (Address) They will d
State or country) Dalvers Co, Mol,	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Mary Falboll	18 LENGTH OF RESIDENCE (For Disspitule, Institutions, Trensients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)  On Mo	At place In the State yes mos de State yes mos de
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Mary Casex	usual res.dence
(Address) 128 hover Rd.	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL May 10, 1930
Filed my 8 19230 18 Wellande	harles & Cvans Day 18 W Mil Roy
If more banks are needed, addross State Registrat	r, 16 W. Seratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grecery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesen at home, we are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealtion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a additional line is provided for the latter statement; it nature of the business or industry, and therefore an eases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocreport specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, to know (a) the kind of work and also (b) the For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal few (the only definite synonym is "Epidemic cerebrospinal menin jitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"PUERPERAL septicaemia," "PUERTERAL peritonitis," etc. "Uraemia, ""Weakness," etc., when a definite disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory" or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all eausing death), 29 ds.; Branchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-Whooping American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis Examples: Accidental drowning; Struck by railway train ..... (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions," FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, cough; " "Marasmus, Chronic " " Old Age, etc. valvular heart disease; The Sarcoma,, etc., of contributory Measles ;

If this certificate is Loked over thoroughly and all questions answered in defail, it will prevent further correspondence. It the data is essential and must be obtained before the cartificate is permanently filed.

V. S. No. 1

1	1	N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
-	3	Υ, P.
1	RD	assif
	00	EXA
(	T	roper
5	NEN	be p
	RAMA	ould may n bac
n	PE	E chatit
201	IS A	so the
MARGIN RESERVED FOR BINDING	HIS	plied ms instr
2	KT	sup in ter
KT ST	Z /	fully plan
Z	DINC	Care TH Ir
524	NFA	d be
M	O H.	CF CF
	WIT	AUSE ION
1		te C
4	AIR	Info sta Sccu
•	E	n of nould t of C
	VRIT	s sh men
(	WRITE AIR , WITH UNFADING INKTHIS IS A PERMANENT CORD	Every Item of Information should be carefully supplied. ACE should be stated EXACI CIANS should state CAUSE OF DEATH In plain terms so that it may be properly class statement of OCCUPATION is very important. See instructions on back of certificate.
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	PLACE OF DEATH  County Baltimore	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.	
	Village or City <u>EUDOWOOD SANATORIUM</u> , TOWS  2FULL NAME Horge Ray	St.: Ward)  (If death occurred in a hospital or institution, give Its NAME instead of street and number.)	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
	3 SEX  4 COLOR OR RACE  MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Noember 27 , 1930 (Month) (Day) (Year)	
	6 DATE OF BIRTH  April 23, 1871  (Month) (Day) (Year)	that I last saw h a alive on Nov. 35, 1930,	
	7 AGE  Shan I day hrs. or min.?	and that death occurred on the date stated above, at	
	(a) Trade, profession or particular kind of work Austrit Manage  (b) General nature of industry Backs Number  (b) usiness, or establishment in	(Duration) Syrs. mos. ds.	
*	9 BIRTHPLACE (State or country)  Macyland	Contributory Secondary  Duration  yrs	
	10 NAME OF FATHER Re. John Clear Evel	(Signed) M. J. J. M. D. Maryland.	
	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	
	of MOTHER aruthia 8. Russell	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)	
	13 BIRTHPLACE OF MOTHER (State or Country)  Organia	At place of death	
14	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE HOSpital Records Personal History (Informant)	Where was disease contracted, if not at place of dea.h? Unknown  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
	Eudowood Sanatorium, Towson, Md.	Loudon Paul Der 27, 1930.	
	Filed No. 30 1930 Media State Registrat	Um Good Baltono	

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the business, that fact may be indicated thus; Farmer deor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the whatever, write None. Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of r," ete., For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation Stationary firemon, etc. But in

Statement of Cause of Death—Name, first, the Discrete Course of Cause of Death—Name, first, the Discrete of time and causation), using always the same accepted term for the same disease. Examples: Cerebrasphill fever (the only definite synonym is "Epidemic cerebrashinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

tcianus) may be stated under the head of "contributory." (Recommendations on statement of cause of death carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritoritis, "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptominges, perilonoeum, etc., as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traindiseases causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS state MEANS OF INJULY Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage cough; Chronic Carcinoma, Sorcoma, etc., of etc. volvulor heart disease; Nomenclature of the The contributory Measles ;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

LY, PHYSI-	PLACE OF DEATH  County Baltimore  Village or City EUDOWOOD SANATONUM, TOWSON, A	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 9
ECORD EXACTI	2FULL NAME albert Howard	Ward)  St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
arecope	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NG ANEN Be st	Maried, White Single, Single, Married, Wildowser, Single, OR DIVORCED (Write the word)	16 DATE OF DEATH OCK. 2 ( , 1980
A PERMA	6 DATE OF BIRTH  May 15- (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from 1950. to 0 1 2 1920, 1920, that I last saw h sow alive on Oct 2 19230,
HIS IS Is ms so the		and that death occurred on the date stated above, at 1.2.0.5.72m. The CAUSE OF DEATH * was as follows:
ESERVE INKT	a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Colout (Duration) 3-yrs. mos ds.
JARGIN R UNFADING LIG be caref	which employed or (employer)	Contributory Secondary (Duration)  yie
MAF ITH UN should	10 NAME OF FATHER ALLIS TO STATE OF FATHER OF STATE OF ST	(Signed) M. D.  Out 2 150 (Address) Townson, Maryland.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
formation	12 MAIDEN NAME OF MOTHER SANGE BURNONE 13 BIRTHPLACE	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place
RITE A in item of in s should s	OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE HOSpital Records—Personal History (Informant)	of death yrs o mos de. State yrs mos ds.  Where was disease contracted, if not at place of death?  Former or usual residence 2034 Cleftwood are Belly
WRI	(Informant) Eudowood Sanatorium, Towson, Md.	Bak four Cecu DATE OF BURIAL OR NEW CECU DATE OF BURIAL DE 27, 1931

σš

ADDRESS John allrich

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. should be used only when needed. As examples: (a) state occupation at beginning of illness. If retired from definite salary, may be entered as Housewife, House-Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of oeor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the oeeupations of persons en-Physician, Compositor, Architect, borer, Farm laborer, Laborer—Coal mine, etc. Wom-Forenun, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman. For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, But in many (b) Grocery;

Streement of Cause of Death—Name, first, the DISEAR. CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shoek," stated unless important. Example: Measles (disease approved by Committee on Nomenclature tetanus) may be stated under the head of "eontributory." as fracture of skull, and consequences (e. g., sepsis, earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or misearriage as ean be ascertained as the cause. Always qualify all " Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary) (seeondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death "Atrophy," "Collapse, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Caneer" is less definite; avoid " "Weakness," etc., when a definite disease cough; or intercurrent) affection Chronic " "Coma," "Convulsions, valvular heart disease; etc. The contributory need not be

If this certificate is looked over thoroughly and alou stions answered in detail it will prevent further correspondence. All the data is resignial and most be obtained before the cartificate is permanently fied.

BINDING

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MARGIN

WRITE P

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V. S. No. 1

PERMANENT IS A , WITH UNFADING INK--THIS

	PLACE OF DEATH  County Balto	STATE OF MARYLAND CERTIFICATE OF DEATH
Section 1 and 1 an	Village or City Edgemere (No. Ludge ) 2FULL NAME Ququo nora	Registration Dist. No. 4  Farm Pl St.: Ward)  Tauson - (If death occurred in a hospital or Institution, give its NAME II. stead of street and number.)
1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1	Female Cal Single, MARRIED, WIDOWED, OR DIVORCED Nariu (Write the word)	16 DATE OF DEATH June 24, 1930.
	6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  1930. to June 24, 1930  that Unit saw h & alive on June 24, 19230,
	7 AGE  449 yrs.   mos. 2 ds.   If LESS than   day hrs.   or min.?	
)	8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed by (employer)  9 BIRTHPLACE (State or country)  Mdd -	(Duration) yrs. wos 6 da.  Contributory Acute Andeae Secondary Lillafation (Duration) Myrd delends.
	10 NAME OF FATHER CENNER TO STEEL OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER Sarah Emily Sanders	(Signed) M. D. M. M. D.
	13 BIRTHPLACE OF MOTHER (State or Country)  (State or Country)	At place of deathyrsmosds. Stateyrsmosds.  Where was disease contracted,
	(Informant) Francisco (Address) Edgemul  Filed Web 24 1923s G. Address)  Filed Pregistrar	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  LOGINATION OF BURIAL OR REMOVAL  20 UNDERTAKER  ADDRESS  ADDRESS

If more b.anks are needed, address ttate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

loborer, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationory fireman, etc. But in many the first line will be sufficient, e. g., Furmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed g: ged in domestie service for wages, as Servant, Cook, to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Foremon, For many occupations a single word or term on Form laborer, Loborer-Coal mine, etc. Womwithout more precise specification as Doy (b) Automobile foctory. The material Locomolive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE COUNTS DEATH (the primary affection with respect
to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal
ferer. (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid Pneumonia");
Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Uraemia," "Weakness," etc., when a definite disease "Enhaustion," "Heart failure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." State eause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and eonsequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicidc; Poisoned by Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping cough; Chronic Chronic interstitiol nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) peritonaeum, etc., Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid Chronic valvulor heart disease; Corcinoma, Sorcoma, etc., of etc. The contributory Measles;

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MARGIN RESERVED FOR BINDING

rsi-	PLACE OF DEATH	STATE
H.	County Balto	(8) CERTIFIC
CTLY,	Villago or City Spanows Paint Lod	ge Fared PAst.: Regist
EXA	2FULL NAME Joseph 7	dison.
T F ated	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFIC
d be st	Male Black Single, MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH (Mont
ERM noul ma	6 DATE OF BIRTH	17 I HEREBY CERTIFY, The
A PE CE EF hat it	(Month) (Day) (Year)	that I last saw h / 24 alive on
IIS IS A led. ACE se so that struction	7 AGE  Still form.   If LESS than   day hrs.   day hrs.	
supplicant term	8 OCCUPATION (a) Trade, profession or	Muscarriag
ully plain	particular kind of work  (b) General nature of industry business, or establishment in	J. Wagne o
ADING e caref ATH in	9 BIRTHPLACE (State or country) Sharrowo Parist. Ned	Contributory Secondary
UNF uld b	10 NAME OF FATHER Willie Brown	(Signed) James M.
WITH on sho	OF FATHER  (State or country)  (State or country)  (State or country)	*State the I is ase Causing Violent Causes, state (1) Means
mati e CA	of Mother Levenia Farson.	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For ients or Recent Residents)
f Infordatation	13 BIRTHPLACE OF MOTHER (State or Country)  M	At place of deathdsds. Where was disease contracted,
one of	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
RITI Item Item	(Informant) Leveria Haison	19 PLACE OF BURIAL OR REMOVAL
WEY I	(Address) & paron Pout, he	· Private Buriel
BE	15 Filed line 11 th 19230 G. McComics &	29 UNDERTAKER Private

OF MARYLAND

CATE OF DEATH

ration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME in-stead of street and Ward)

number.)

ATE OF DEATH

00458

.....(Day)..... at I attended the deceased from

Death, or, in of Injury and deaths from (2) Whether

Hospitals, Institutions, Trans-

In the State\_\_\_\_\_ds.

DATE OF BURIAL

ADDRESS

If more banks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Doy loborer, Form laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (0) nature of the business or industry, and therefore an cases, Civil engineer, the first line will be sufficient, c. g., Farmer or Planter, business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed g ged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physician, whatever, write Nonc. Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). (b) Cotton mill; (a) Solesmon. (b) Compositor, For persons who have no occupation (b) Automobile factory. The material Stotionary fireman, etc. But in many Architect, Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEA. I CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), stated unless important. Example: Measles (disease tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicoemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Hacmorrhage," tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Whooping cough; Chronic use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of (secondary or intercurrent) affection need not be American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, by Committee on Nomenclature " "Marasmus, " "Old Age, " "Shock," valvulor heart disease; etc. The contributory Measles ; of the

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1PLACE	OF	DEATH
ounty BAI	TIM	ORE

1930

If more bianks are needed, addrosa State Registrer, 16 W. Saratoga St.,

### STATE

Belto., Requesting V. S. No. 1.

C	ounty BALTIMORE (31)	2 CERTIFICATE  Registration I	11 (1.
Villa	And the second s	rman Hill Road St.: Ward)	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SI	4 COLOR OR RACE SINGLE. Married MARRIED, Married WIDOWED. CR DIVORCED (Write the word)	16 DATE OF DEATH COMMENT.  (Month)  17 HEREBY CERTIFY, That I att	19BD (Day) (Year)
6 D	Feb. 13th. 1876  (Month) (Day) (Year		3 105°0
7 A	SE   If LESS than I day hrs. 52   yrs. 9 mos. 21 ds. or min.?	The CAUSE OF DEATH . was as follows:	y dise
p (le b	articular kind of work Laborer.  ) General nature of industry usiness, or establishment in hich employed or (employer)	Contributory Succeeding (Duration).	Josephily de Lotar
NTS	(State or country) Italy  10 NAME OF FATHER Bernard Fanchi  11 BIRTHPLACE OF FATHER (State or country) Italy	(Signed)	yrs mos 3 de M. D. T. Paul Belli, or, in desthe from njury and (2) whether
PAREN	(State or country) 1781y  12 MAIDEN NAME OF MOTHER Mary Fanchi  13 BIRTHPLACE OF MOTHER Italy	18 LENGTH OF RESIDENCE (For licespients or Recent Residents)	itals, Institutions, Tron
14	(State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Mrs. Margherita Fanchi	Where was disease contracted, if not at place of death?  Former or usual residence	DATE OF BURIAL
-	(Address) 321 German Hill Road	Oak Lawn Cemetery	12/6 , 19 0 c

V. E. No. 1

WRITE

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Solesman, (b) Grovery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g. . Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cipation is very important, so that the relative health Statement of Occupation-Precise statement of ocen at home, who are engaged in the duties of the Civil engineer, Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return 'Laborer,""Foreman,""Manager,""Dealworked on may form part of the second statement. to know (a) the kind of work and also (b) the For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womyrs). without more precise specification as Day For persons who have no occupation Stationary fireman, etc. Locomotive engineer, But in many The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia");

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "IIaemorrhage," causing death), 29 ds.; Bronchopmeumonia (secondary), stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory" and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); · ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway train Whooping American Medical Association.) (Recommendations on statement of cause of "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as cough; Chronic Carcinoma, etc. valvular heart disease; The contributory Sarcoma,, etc., of Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. Lethe data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH

County

/ 0,0	Registration Dist. No.
Village or City Hovarue (No	St.: Ward)  (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Willowed.  With the word	16 DATE OF DEATH Clug 31, 1980.  (Month) (Day) (Year)
6 DATE OF BIRTH  Sec. 27, 1875  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from august 30 1920. to aug 3/ 1923/ that I last saw h I Lalive on august 30, 1923/
7 AGE  Styrs. Smos. 4 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	(Duration) Jew hours.
which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Arthrio Scleroois Secondary  (Duration)
10 NAME OF FATHER B. SMILL  11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME  7	(Signed)
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs ds. ds.  Where was disease contracted,
(Informant) Robert M. Frantone	if not at place of dea.h?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL
(Address)	20 UNDERTAKER ADDRESS

If more b.anks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

08961

STATE OF MARYLAND

CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Without mure present of mine, etc. Wom-laborer, Farm laborer, Laborer—Coul mine, etc. Wom-Spinner, (b) Colton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationory fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Plonter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation (b) Automobile foctory. The material Grocery;

Statement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrost inal meningitis"); Diphilaria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Always qualify al "Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Enhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railwoy traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-(secondary Whooping cough; Chronic Chronic interstitual nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-"" "Weakness," etc., when a definite disease or intercurrent) affection need not be ss important. Example: Measles (disease etc. The contributory valvular heart diseose;

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Vill	lage or City	Sparr	ows Point	ا)وا	No	Management
-	²FU	LL NAM	ie John F	aulki	er	no co s alga gaza es e e e e e e e e e e e e e e e e e e
	PERSO	NAL AN	D STATIST	ICAL F	ARTICU	LARS
3 \$	Male		OR OR RACE	WIDO	RIED,	Marrie
6 C	ATE OF BIR	RTH				
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7 A	GE	25	yrs. O	mos. 3	1 ds.	If LESS the last last last last last last last last
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0 P W d D W	and Trade, properties of the control	refession and of wo nature of establishmyed or (er Enuntry) HEDF WILLIAGE HER OF COUNTRY)	or Labor rk industry nent in nployer) Be alafax, C yatt Faul Person	er th, S o Va, kner	teel C	Corlin
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#### STATE OF MARYLAND CERTIFICATE OF DEATH

...Ward)

Registration Dist. No.

(If death occurred in u hospital or institu-tion, give its NAME in-stead of street and

NAME John Faulkner	numoer.)
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED Married (Write the word)	16 DATE OF DEATH July 27, 1920  July (Month) 27 (Day) (Year) 73
July 23, 1905 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
5 yrs. 0 mos. 3 ½ ds.   If LESS than   I day hrs. or min.?	and that death occurred on the date statement gated
ssion or Laborer of work	
olishment in or (employer)Beth,SteelCo.,	(Duration)ds.
y) Halafax, Co Va,	Secondary  (Durstion) yrs
Wyatt Faulkner	(Signed) Seo. W. Carson Coroner D.
e Person Co, North Corlina,	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Lissie Carington	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
Halafax Co Va,	At place of death yrs mos ds. In the State yrs disease contracted.
Cortez Barnett	if not at place of dea.h?
o) 611, J St Sparrows Point, M	
28 19230 la Molerna culms	Lin Groad 1418 Ashland
If more banks are needed, address tate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

No. 1 Ø

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from whatever, write None. or given up on account of the DISEASE CAUSING DEATH, g. gcd in domestie service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Househeepers who receive a dcfinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when necded. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousemaid, etc. If the occupation has been changed to report specifically the occupations of persons enlaborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Puysician, For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Wom-Compositor, Architect, Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EARE (AUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by earbolic acti-probably suicide. The nature of the injury. "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Erhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Agc," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death taken. For violent deaths state means of injuny (secondary or intercurrent) affection need not be Whooping cough; ..... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiinterstitial nephritis, Chronic valvular heart disease etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

		ford.	us rill		E. A.
Vil	lage or City	y www	us mil	No.	
	²FU	LL NAME	Mar	y ras	a:
	PERSOI	NAL AND	STATISTICA	L PARTICU	LARS
3 5	Temale	4 COLOR	A A A A A A A A A A A A A A A A A A A	SINGLE, MARKIED, WIDOWED. OR SIVORCED (Write the word)	
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		page===0 00 000 0 0 000 00	(Month)	22 (Day)	, 1857 (Year)
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#### 03976 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(if d-ath occurred in a hospitul or institu-tion, give its NAME is-stead of street and number.) Ward)

MED	ICAL CERTIF	CATE OF	DEATH	4.77
16 DATE OF DEAT	ifi		(Day)	1923 O (Year)
aplil	BY CERTIFY, T	· appi	/	, 19230.
and that death oc The CAUSE OF DI	curred on the da	te stated al	pove, at F	, 19230,
Ohio	nis Ju	yoca	Idele	<b></b>
Contributory Secondary	Olden Open	in of	yıs — m	
(Signed)	Marsha 1236 (Address)	ll B. Cato	wish	M. D.
Violent Causes, Accidental, Suicidental	l iscase Causing state (1) Mean fal or Homicidal.	g Death, ons of Injur	or, in deat y and (2)	ths from Whether
18 LINGTH OF ients or Recent		r Hospital	s, Instituti	ons, Trans-
At place of deathyrs	mosds.	In the State	yrs	.mosds.
Where was disease of	contracted, dea h?			
Former or usual residence	************	•••••		
19 PLACE OF BUT	athe dra	l you	L. 23	, 1930
20 UNDERTAKER			ADDRESS	

If more banks are needed, addre. s Ltate Registrar, 16 W. Saratoga St., Balto., Lequesting V. S. 100. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—coat mine, eve. wouler," etc., Without more prevent above, etc. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemiz cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Inal meningitis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

"E:haustion," "Heart lanure, Assure, "Shock, "Inanition," "Marasmus," "Old Age," "Shock, "hon a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Debling " ("Congenital," "Senile," etc.), "Dropsy, "E.:haustion," "Heart failure," "Haemorrhage, st\_ted unless important. use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid tctanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. Chronic interstitial nephritis, American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as ChronicExample: Measles (disease etc. The contributory affection need not be valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

N. B.

PLACE OF DEATH	13547 STATE OF MARYLAND
County Ballerion	CERTIFICATE OF DEATH
	Registration Dist. No. 44
Village or City Cosey (No. 2FULL NAME John &	Arly Merd)  (If death occurred is a hospital or institution, give its NAME in stead of street annumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White OR BURNES	16 DATE OF DEATH Non 1, 19230
(Writes the word)	(Month) (Day) (Year)
6 DATE OF BIRTH  QUE 22	Och 9 1920. to 600 / 1928
(Mouth) (Day) (Year)	that I last saw him alive on Trov / st 19280
7 AGE   If LESS than	and that death occurred on the date stated above, at 2 2 mm
26yrs. 2mos. 9 ds. or min.?	
B OCCUPATION	- mouse very
(a) Trade, profession or particular kind of work	· · · · · · · · · · · · · · · · · · ·
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duretion) wyg mos da
9 BIRTHPLACE (Ntate or country)  Ballewood	Contributory Secondary  (Durstion)  yrs
10 NAME OF	CHANTILLE.
FATHER John Tech	(Signed).  Prov 1973 w (Address).  Sosey. My
OF FATHER  (State or country)  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Thereoa Secker	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  (State or Country)	At place of death yrs mos ds. State yrs mes de
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Elizabeth M Feit	Former or usual residence
(Address) Mareyn are	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed nov. 1 st 198 o John G. Connelly	20 Indertaker Address 200 f
If I I I I I I I I I I I I I I I I I I	As W Saucton St. Rolto Poquesting V. S. No. 1.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physiciun, Compositor, Architect, Locomotive the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every Statement of Occupation-Precise statement of ocen at home, who are engaged in the duties of the er," etc., Spinner, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Forcman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day person, irrespective of engineer,

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopneumonia ("Pneumonia,

> stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Inanition," "Marasmus," "Old Age," "Shock," "Exhaustion," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumomia (secondary), (secondary Whooping cough; ..... (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Uruemia," "Weakness," etc., when a definite disease approved by Committee on (Recommendations on statement of cause of death Telanus) may be stated under the head of "contributory." carbolic acid-probably suncide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, Or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, or intercurrent) affection need Chronic valvular heart discase; etc. The contributory Nomenclature not be

data is essential and must be obtained before the certificate is permanently filed answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all questions

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. PERSONAL AND STATISTICAL MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH > BINDING OR DIVORGE ma I HEREBY CERTIFY, That I attended the decessed 6 DATE OF BIRTH (Month) (Day) (Year) and that death occured on the date stated abova, at, 7 AGE lifLESS than I day hrs. ESERVED ....min.? ds. or BOCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory ARGIN 9 BIRTHPLACE Secondary (State or country) Duration) ..... 0 10 NAME OF 10 200 (Address) 22 II SIRTHPLACE RENTS OF FATHER \*State the Discase Causing Death, or, in Violent Caus. s, state (1) Means of Injury and CAUR (State or country Accidental, Suicidal or Homicidal, 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For liespitule, Institutions, Transd state ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of deeth yrs mos ds. 0 Where was disease contracted, if not at place of death?..... item of Every item CIANS sho statement Former or usual residence...... If mora b.anke are needed, addrosa State Registrar, 16 W. Saratogh St., Balto., Requesting V.

(If death occurred in a hospital or institution, give Ite NAME Instend of street and

number.)

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescention is very important, so that the relative health sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oe-Spinner, (b) Colton mill; (a) Salesman. (b) should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househous hold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer,'" (Foreman," "Manager," "Dealtired 6 yrs). business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH. whatever, write None. Housemaid, etc. Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation If the occupation has been ehanged -Coul mine, etc. Locomotive engineer, Grecery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feer (the only definite synonym is "Epidemie cerebrospinal menin itis"); Diphtheria (avoid use of "Croup"); Typhoid feer 'never report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia,"

inges, peritonacum, etc., Carcinoma, Sarcoma,, etc., of atie), "Atrophy." "Collapse," "Coma," "Convulsions, eausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (seeondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meusles, unqualified, is indefinite); Tuberculosis of lungs, men-"PJERPERAL seplicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; discases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all tetanus) may be stated under the head of "contributory". or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDA., State cause for which surgical operation was underas fracture of skull, and consequences (e. g., sersus, carbolic ocid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainapproved (Recommendations on statement of cause of death American Medical Association.) .... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJUNY by Committee on Nomenclature of the Chronic etc. The contributory valvular heart disease; not be

If this certificate is answered in detail, it fill prevent further correspondence. The data is essential and digit be obtained before the certificate is permanently filed.

	PLACE OF DEATH	08962 STATE OF MARYLAND
C	unty Galtmer	CERTIFICATE OF DEATH
-	1 (/ p	Registration Dist. No.
3 7:11	Dalluin Highlands - Mic	chigay atles Ward) (If death occurred in
Villa	ge or City	ion, give its NAME in-
/	2 FULL NAME Daly Day JESSAN	atend of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI	M COLOR OR RACE & SINGLE,  MARRIED Suigle  WIDOWED  OR DIVORCED  (Write the word)	(Month) (Dey) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from
6 D/	TE OF BIRTH	aug 4 1994 to aug 4 , 1820
	Clug. 4 ,930	that I last saw him alive on any 4 , 1000
7 AG	(Month) (Day) /(Year)	and that death occurred on the date stated above, at
1 210	If LESS than I dayhrs.	The CAUSE OF DEATH & was as follows:
	yrsds.lormin. ?	Trematurely (about 5 mos)
(a	CUPATION Trade, profession or	
	rticular kind of work	
bi	isiness, or establishment in hich employed or (employer)	(Duration)yrsmosds,
-	RTHPLACE /	Contributory Secondary
	(State or country) Batterin Arghland	(Duration)
	10 NAME OF FATHER AT	(Signed) Methody / Richards M. D.
S	11 BIRTHPLACE	8/4 30 (Address) 3.7. Sturcke &
FN	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Ideans of Injury: and (2) whether Accidental, Suicidal or Homicidal.
PAREN	OF MOTHER Bessie Dolle	13 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country) Salta Taux	At place of death yrs mos da. State, yrs mos da.
H T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) mrs Bessie + erraria	Former or usual residence.
	milian Cor Balto Heal One	19 PLACE OF BURIAL OR REMOVAL SATE OF BURIAL
15	(Address) Michigan Ust Dollo Halland	It Matthews bew Wig 5 " 193e
	iled lug 4 1930 Set mulife	20 UNDERTAKEN ADDRESS
	Registrat	John & bowan & on gol Holling It
1	if more blanks are needed, address State Registrat.	16 W. Karatoga St., Balto., Requestise N. S No. 1.

(Approved by U. S. Census and American Public Health Association.)

Whatever, write None. business that fact may be indicated thus: Farmer (restate occupation at beginning of illness. Interfred from or given up on account of the DISEASE CALLING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary). may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Fpinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an Housemaid, etc. If the occupation has been changed trovk, or At household only (not paid Housekeepers who receive a worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthtion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc 8 yrs.). For persons who have no occupation For many occupations a single word or term on Home, and children, not gainfully em--Coal mine, etc. Wom-As examples: (a) The material

Elstement of Cause of Death—Name, first, the pre-LASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia.")

> ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and conse-Poisoned by carbolle acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For violent DLATHS state MEANS OF INJURY State cause for which surgical operation was under "PUERPERAL septicacmia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report more symptoms or causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Measles; mges, perifonacum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosts of lungs, men Nomenclature of the American Medical Association.) vulsions." Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need Whooping cough; of "contributory." (e. g. sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart disease; (Recommendations on state-Example: Meastes terminal (discase (merely (secondnot be etc.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH  County Baltimore	07150 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
illage or Chi Towson (No. 211 W. 211 W. 211 W. 211 W. 2211 W.	Chesapeake Ave. St.: Ward)  (If death occurred im a hospitul or institution, give its NAME instend of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married Widowed.  Mate of Birth  Det. 23  (Month) (Day) (Year)	16 DATE OF DEATH (Month) (Doy) (Yeer)  17 I HEREBY CERTIFY, That Lattended the deceased from 1920, to 1920, that I last saw h madive on fine 25 1920.
AGE   If LESS than   I dayhrs.   83   yrs.   8   mos.   4   de.   ormin.   ?	and that death occured on the dete stated above, at
occupation (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yro Comoo do
State or country) Long Island N.Y.	Secondary  Secondary  Apparetion  Agents  Agen

David Fielding

England

Ireland

Bridget Fielding

#### 07150 STATE OF MARYLAND CERTIFICATE OF DEATH

	tion, give stend of number.)	its NAME ir- street and
MEDICAL CERTIFICA	TE OF DEATH	
16 DATE OF DEATH Jule 97	•	, 1930
(Month)	(Dey)	(Yeer)
17 I HEREBY CERTIFY, That  1920. to		locoosed from
11		
	me 25,	
and that death occured on the dete st	ated above, at	6 4/VI+
The CAUSE OF DEATH . was ee foiles		
	No. of the last	
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	comment.	
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	0 4	
Contributory Artura de	LL A. L.	
A Duretion	) usy	6
ALL ISS	011	
(Signed)		M/D
Jane 97 1980 (Address)	arody &	My
*State the Discase Causing I Violent Caus e, state (1) Means Accidental, Suicidal or Homicidal.		leeths from (2) whether
18 LENGTH OF RESIDENCE (For lents or Recent Residents)	Hospituls, Instit	utions, Trans
At place of deathyrsmosds.	In the State yrs	d
Where was disease contracted, if not at place of death?		
Former or usual residence		
TO THE OF PURIAL OR REMOVAL	DATE	F BURIAL

10 NAME OF

ENTS

AR

11 BIRTHPLACE

OF FATHER

13 BIRTHPLACE

OF MOTHER (State or country)

(State or country) 12 MAIDEN NAME

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Laura Jane Fielding (Address)211 W. Chesapeake Ave.

Mt. Maria Cemetery 6/30/30 · 19

If mora blanke are needed, addrosa State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

#### Dr. John S. Green, Alleghany & Washington Ave.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fillness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. guged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every capation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (rework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. person, irrespective of Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dipluheria (avoid use of "Croup"); Typhoid Sever (never report "Typhoid Pneumonia"); Lobar pheumonia, Bronchopneumonia ("Pneumonia,"

tetanus) may be stated under the head of "contributory" carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Puerperal septicaemia," "Puerperal peritonihis, "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . . . (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms) j Measles; as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Whooping American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, resulting from childbirth or miscarriage as cough; Chronic etc. valvulur heart The contributory " "Shock," disease;

If this certificate is looked over thoroughly and a l qu tions answered in detail, it will prevent further correspondence. the data is essential and must be obtained before the cartificate is permanently filed.

V. S. No. 1

Ä	96
WRITE AIL Y, WITH UNFADING INK-THIS IS A PERMANEI	Every item of information should be carefully supplied. ACE should be clans should state CAUSE CF DEATH in plain terms so that it may be statement of OCCUPATION is very important. See instructions on back of
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	N. B.—Every item of information should be carefully supplied. ACE should be clans should state CAUSE CF DEATH in plain terms so that it may be statement of OCCUPATION is very important. See instructions on back of
	z

PLACE OF DEATH	06459 STATE OF MARYLAND
County, Ballimore	CERTIFICATE OF DEATH
. = 1	Registration Dist. No. 33
Village or City Chrys Mello (No	St.: Ward) (If death occurred in a hospital or institu- fisher stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
June 4, 1932 (Month) (Day) (Year)	that I last saw h alive on free 23, 19230
7 AGE    If LESS than   day hrs.   day hrs.   or min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or	Cyanoso
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs, mos ds.
9 BIRTHPLACE (State or country) Zrad	Contributory Secondary
10 NAME OF Charles Froles	(Signed) Horostada M. D.  (Signed) 1980 (Address) Perstantone
OF FATHER CState or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Butter Weller	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MQTHER (State or Country)	ients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?  Former or usual residence.
(Informant) (Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DELVE 24, 19 30
Filed from 23 19230 18 resease	20 UNDERTAKER O. C. Edeur Reinford
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, en at home, who are engaged in the duties of the laborer, Foreman, For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, (b) Automobile factory. The material Architect, Locomotive engineer, (b)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. 8. No. 1

PLACE OF DEATH	07684 STATE OF MARYLAND
County / Garlo	CERTIFICATE OF DEATH
	Registration Dist, No. 3/
Village or City Security (No.	St. Ward) (If death occurred in
vinage or city	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Oliver & Fr	stead of street and numbar.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Z 3 , 1980 (Morth) (Day) (Year)
6 DATE OF BIRTH	17 1 HEREBY CERTIFY, That I attended the deceased from
ang 6, 1856	Jacay 5 1930 to July 23 1934
(Month) (Day) (Year)	that I last say handlive on
7 AGE	
23 yrs. // mos. /2 ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION /	2. 7 / 1/1
(a) Trade, profession or particular kind of work	Inaching gulf to
(b) General nature of industry	Clecident: invaled; fell on floor custo?
business, or establishment in which employed or (employer)	(Duratiga) vrs. 2 mos. ds.
9 BIRTHPLACE	Contributory Chy Valorely Heart
(State or country)	Secondary Quartien) 4 yrs mos de
10 NAME OF	7 201
FATHER John France	(Signed) M. D.
U OF FATHER	
Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Hatham In Elfred	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or country)	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
and the land on the	Former or usual residence
(informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Wrund Red, Jul 25, 1934
15 Fil 1 0 & 18 107 1 1/2 84 1 1	20 UNDERTAKER ADDRESS
Filed 1920 A J. Magistrar	Easley Sons Ellicofet
If mora blanks ara needed, address Stata Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, Civil engineer, Physician, or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Compositor, Architect, Locomotive engineer, veer, Stationary freman, etc. But in many who are engaged in the duties of the For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia",

stated unless important Example: Measles (disease tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Nanaition," "Marasmus," "Old Age," "Shock," American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaenia" (merely symptomcausing death), 29 ds.; L. shopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; use of "Tumor" for malignant neoplasms); Measles, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, Chronicetc. The valvular heart disease contributory

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N. B.

100

PLACE OF DEATH, County Paltimots	05262 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or Git Catonoville (Ne Joreng Gro 2FULL NAME Walter Fisher	Registration Dist. 148
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Separated WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH MAY 8 , 1930 (Year) (Year)
6 DATE OF BIRTH  Sept 8 , 1897  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1930. to May 8, 1930 that I last saw hamalive on May 7, 1930,
7 AGE  HELESS than I day hrs. or min.?	and that death occurred on the date stated above, at 2 P, m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work orwer fwagan.  (b) General nature of industry	Lobar Ineumonia
business, or establishment in which employed or (employer) Two Dakeng  9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER ORS. Froker	(Signed) Abbet Eganett M. D.  May 8 1930 (Address) Catomarillo Ma
OF FATHER  Z (State or country)  12 MAIDEN NAME (	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homloidal.
of Mother Fredricka Glenn  13 BIRTHPLACE OF MOTHER (State or Country)  7  Country)	IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Fermer or
(Informant) Mrs. Nebu Cling.  (Address) 1906 W Palto Da.  Filed My 8 1920 C Malfolds  Registras	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  May 1019 30  20 UNDERTAKER  ADDRESS  The Juckyean Ares To Jackyean
If more b.anks are needed, addre.s Ltate Negistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

whatever, write None. fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planler, Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of ocwork, or Al Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement.

Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But ia many Physician, Compositor, Architect, tion applies to e.ch and every person, irrespective of business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, yrs). Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day many occupations a For persons who have no occupation (a) the kind of work and also (b) the (b) Automobile factory. The material single word or term on (6) Grocery,

Stretement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal feact (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease st\_ted unless important. use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; American Medical Association approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Example: Measles (disease affection need etc. The contributory Nomenclature of the

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MARGIN RESERVED FOR BINDING

V. S. No. 1

PLACE OF DEATH	01376 STATE OF MARYLAND
County Palto	CERTIFICATE OF DEATH
	Registration Dist. No. 40 3
Village or City Planeiny (No. 7FD	St: Ward) (If death occurred in a hospital or institution, give its NAME in
2 FULL NAME 5 da Gertrude	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 7 1930 (Month) (Day) (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last sew h 1929 to 1928
7 AGE (Month) (Day) (Tear)	and that death occurred on the date stated above, at # 4 m
I day bre	
70 yra. 10 mos. 17 ds. or min.?	
8 OCCUPATION (a) Trade, profession or	Use in mufficiency
particular kind of work	Meterie Scheroph +
(b) General nature of industry business, or establishment in	(Duration) yrs 10 mos 3s
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary (Duration) yrs mos. ds
10 NAME OF Chillip Lieton	(Signed) 03 03 03 enry M. D
M 11 BIRTHPLACE	192 P(Address)
Z (State or country) Causel Co., Manyland	*State the Piscase Causing Death, or In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Saich Breize	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER	ients or Recent Residents)  At place In the of deathyrsmosds. Stateyrsmosds
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
TA THE ABOVE IS TRUE TO THE BEST OF MIT KNOWLEDGE	Former or
(Informant) Elizah Tishpaw	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Blovenis ned.	Coplar & P. Charle and Pet. 10, 1930
Filed Feb 9th 1900 Francis Of Blake	20 UNDERTAKER ADDRESS
	, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.
if more plants are needed, address state Registrar	, 10 th balacoga bei, balcot, Medacettig v. b. 1101 11

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process of the laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) tetanus) may be stated under the head of "contributory." tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

. If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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H .		EVE
V. S. No. 1	6	.09
V. B	1	ż

PEACE OF DEATH	STATE OF MARYLAND
County Balto.	CERTIFICATE OF DEATH
Village or City Raskelerg (No. Phila Rose	
2FULL NAME Emma C. Fish	tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale White Spingle, Markied, Markied, Markied, Midowed or Divorced (Write the word)	16 DATE OF DEATH   12 , 193 /93 (Month) (Day) (Year)
april 13, 1862	17 I HEREBY CERTIFY, That I attended the deceased from 1921. to 1921, 1923
7 AGE (Month) (Day) (Year)  1 day hrs.	and that death occurred on the date stated above, at 8. m.  The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work  A home	and clevric nephrofis
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 2 yrs. mos ds.
State or country) Balto, Co. md,	Contributory Secondery  (Durstiop)  yrs. mos. ds.
10 NAME OF Gaam Solin	(Signed) Clack M. D
OF FATHER  (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother anna Coeter	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trensients or Recent Residents)
OF MOTHER (State or Country) Germany	At place of death
(Informant) 6 7. H. Fiske	if not at place of dea.h?
(Address) Phila Road + Hennord are	Oaklaren Cemetery June 5, 19 30
Filed 6/14 19231 D. 1. Fish, M. D., Registrar	George W. Zinkler 1737 E. Eager St.
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise special wine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ? Housemaid, etc. If the occupation has been changed For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the "Deblity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Vinanition," "Marasmus," "Old Age," "Shock," use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY . (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as cough; Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

000	EXACTL y classifi cate.
THE THE WILL AND THE STATE OF T	N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTL. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classificated statement of OCCUPATION is very important. See instructions of back of certificate.
2 0 0	So that it
7111	lly supplied lain terms t. See insti
O LINE	be carefu EATH in p
	on should NUSE OF D ON is very
	Informati state CA OCCUPATI
	s should ment of C
	BEvery CIAN State
	Z

PLACE OF DEATH	6168 STATE OF MARYLAND
County Callmore	CERTIFICATE OF DEATH
	101-0
or port otil	Registration Dist. No. 72
Village or City / sulleston (No. 1-itel	St: Ward) (If death occurred in a hospital or institu-
D · b · s	tion, give Its NAME in-
2 FULL NAME CESSIE Marie	Hilloh number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
WIDOWED. OR DIVORCED	Jan: 14, 1980
femal (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
March 19 1929	7 Jan 14 1030 to June 14, 130
(Month) (Day) (Year)	that I last saw h Malive on Am 14
7 AGE     If LESS that	and that death occurred on the date stated above, at 150 pm.
1 day be	The CAUSE OF DEATH * was as follows:
O yrs. 9 mos. 25 ds. or min.	
8 OCCUPATION (a) Trade, profession or	Lobar neumonia
particular kind of work	
(b) General nature of industry	2
business, or establishment inwhich employed or (employer)	(Duration) yrs. mos. de.
BIRTHPLACE	Contributory Nother Memoria
(State or country)	Secondary
10 NAME OF O	(Duration) mosds.
FATHER THOMAS CO. FITCH	(Signed) M, D,
M 11 BIRTHPLAGE	19230(Address) 563 (House)
	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF FATHER (State or country) Maryland 12 MAIDEN NAME 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of Mother Ommas M. Mr. Lean	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or Country) Maryland	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE SEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
THE ABOVE IS TRUE TO THE DEST OF MY KNOWLEDGE	Former or
(Informant) from as C. Fulch	usual residence
(Address) Stemmers Run	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
(Address)	Fitch tamily Cineter Jan. 16, 150
15 Fil 1/1/ 100 & & A I I to	20 UNDERTAKER ADDRESS
Filed 1980 D. C. Tark	Friderick dessept Ro. Prelleston
If more banks are needed, address State Registre	ir, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househou ehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, Foreman, (b) For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Automobile factory. The material Locomotive engineer, (b) Grocery;

Streement of Cause of Death—Name, first, the DIS-EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> American Medical Association.) approved by Committee on Nomenclature of the "I'raemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid peritonaeum, etc., Carcinoma, Sarcoma, etc., of etc. The contributory

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	PLACE OF DEATH County Baltmin Red.	STATE OF MARYLAND CERTIFICATE OF DEATH
		Registration Dist. No. 44
ncare.	Village or City Rosedol Mono. State	Mard)  (If death occurred in a hospital or institution, give its NAME Instead of number.)
119	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Dack of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVORCES (Write the word) Cruid	16 DATE OF DEATH  (Month) (Day) (Year)
5	6 DAYE OF BIRTH Dec 9, 1859.	17 I HEREBY CERTIFY, That I attended the deceased train
2000	7 AGE (Month) (Day) (Year)  1 dayhrs.	and that death occurred on the date stated above, atm.  The CANSE OF DEATM was as follows:
	g occupation (a) Trade, profession or particular kind of work	The the sand while
1	(b) General nature of industry business, or establishment in which employed or (employer)	(Daration) Jure Juros de
	9 BIRTHPLACE (State or country) Baltimore Country	Secondary (Duraigh)
	10 NAME OF FATHER Herry Fitch	(Signed) D. (Address) FON MINE NO.
	OF FATHER (State or country)  12 MAIDEN NAME  (State or country)	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Mary a. Christopher  13 BIRTHPLACE OF MOTHER  OF MOTHER  OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place In the
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of deathyrs
	(Informant) Mary a. Fetat	Former or usual residence
	(Address) Sellen ave Batte Eo	Oak Janu Genty June 21, 1830. 20 UNDERTAKER JADDRESS
	Filed June 18 1980 John 1. Convelled Registrar	Mrs & Miller & Son 2384 Jeffersons
	If more banks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation er," etc., without more process and mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on

Statement of Cause of Death—Name, first, the pissease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.-Fevery Item of Information should be carofully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms to that it may be proporly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD ", WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE

- S No. 1

PLACE OF DEATH.	0169 STATE OF MARYLAND
County Baltunore	CERTIFICATE OF DEATH
	(41)
Osp 1	Registration Dist. No. 43
Village or City Melen (No. 6	Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stend of street and
FOLL NAME	1 Wellie number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SHIRLES,	16 DATE OF DEATH
MI III WIDOWED.	Jan 27th, 1920
(Write the word)	(Month) (Day) (Year) 19
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
VO U. 3 .186	Thug 15 1930. to Jan 2701, 195 4
(Month) (Day) (Year)	that I last saw handlive on Jun 25, 192 Q,
7 AGE [If LESS tha	and that death occurred on the date stated above, at 12 18
/ // ) ) [   dayhr	The CAUSE OF DEATH * was as follows:
yrs. of mos. of ds. or min.	
a) Trade, profession or A	Is arienana / Prostate
particular kind of work Actured	
(b) General nature of industry	/ 2
business, or establishment in which employed or (employer)	(Duration) ys. mos. ds.
9 BIRTHPLACE	Contributory elworthy
(State or country) Nach - De	Secondary (Duration) yts mos ds.
10 NAME OF FATHER	(Signed) Plant Beasen M.D.
	- Jan 27 th 1970 (Address) Overlea wit
ST 11 BIRTHPLACE OF FATHER	A
Z (State or country)	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
D. 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of Mother	10 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place In the
OF MOTHER (State or Country)	of deathyrsds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
11. N ATP	Former or
(Informant) Walter B. I loverel	usual residence
(Address) 6307 Beech auc Ovoles	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 20
	Walkington V. Jan 0, 195
15 Filed 1/27 19130 D a tran	20 bodertaken Ban Rallo St
If more banks are needed, addre a Ltate Registr	ar, 16 W. Salatoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to e ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more preuse relationer, Farm laborer, Laborer—Coal minc, etc. Womshould be used only when needed. As examples: (c) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e g. Farmer or Planter, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from worked on may form part of the second statement. Spinner, (b) Collon mill; (a) business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "For man," "Manager," "Dealwhatever, write Nonc. Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on (b) Automobile factory. The material Salesman, (b)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia capebrosinal meningitis"); Dishtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar preumonia, Bronchopneumonia ("Pneumonia,")

ans pered in detail, it will prevent further correspondence. All the

permanently filed.

American Medical Association.) If this certificate is looked over thoroughly and all questions inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved st.ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Com2," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondar) or intercurrent) Whooping (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condicough; by Committee on Chronic affection need not be valvular heart disease; etc. The contributory Nomenclature of the Measles;

V. S. No. 1

PLACE OF DEATH  County Bults.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 444
Village or City Essex (No. Clace at	beck (If death occurred I a hospital or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. Widower (Write the word)	16 DATE OF DEATH 000, 1920 (Month) (Day) (Year)
6 DATE OF BIRTH  Clarcle 8 to 1855  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That Lattended the deceased from  1930 to face 0 , 1930  that I last saw him alive on face 0 , 1930
7 AGE [If LESS than   1 day hrs. or min.?	. 4 01/
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Lobar Premuerua  (Duration)
9 BIRTHPLACE (State or country)  10 NAME OF FATHER	Contributory Secondary  (Duration)  (Signed)  (Signed)  M. D
OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Worth Nucces  13 BIRTHPLACE OF MOTHER (State or country)  Services	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients of Recent Residents)  At place of deat' yrs
(Informant) A lu l'oertelebech  (Address) Mace ave Slemmer Pu	Where was disease contracted, if not at place of dea.h?  Formet or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Southed Heart Community  19.34
If more hanks are needed, add State Registrate	20 UN JERTAKER Lilly & Zeiler duc. 14038. Wolfe Ll
	Village or City SASY (No. Class of County)  PERSONAL AND STATISTICAL PARTICULARS  3 SEX

(Approved by U. S. Census 2nd American Public Health Association.)

tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b). should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same acceptediterm for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Exhaustion," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bro chopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiinterstitial nephritis, etc. The contributory resulting from childbirth or miscarriage as cough; "Heart failure," "Haemorrhage, Chronic valvular heart disease; ," "Convulsions,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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OF FATHER

OF MOTHER
(State or Country

(White tellaria)

Filed 49

(State or country)

THE BEST OF MY KNOWLEDGE

MOTHER

PLACE OF DEATH County altimore	STATE OF MARYLAND CERTIFICATE OF DEATH
/ A	Registration Dist. No.
Village or City Satrusulla No. 42 Mil	lov lie St.: Ward) (if death occurred in a hospital or institu-
2 FULL NAME Mary W. 4	tlon, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
White the word	16 DATE OF DEATH (00, 20, 1930 (Year)
6 DATE OF BIRTH  (North) (Day) (Year)	that I last saw han alive on housely 20, 19236,
7 AGE  Standard Mos. 3 ds.   If LESS than   day hrs. or min.?	and that death occurred on the date stated above, at I m. The GAUSE OF DEATH * was as follows: Sifted reprojection. Carrier
(a) Trade, profession or particular kind of work	hypertrophy Endocurdities
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. 9 mos. 6 ds.
STATE OF COUNTY) CElaux.	Contributory Secondary  (Dyration)  Operation  Operatio
10 NAME OF A THE STATE OF THE S	(Signed) John Muery M. D.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

/	ients or Recent Residents)	
	At place of deathyrsmosds.	In the State, yrs tnos tnos
	Where was disease contracted.	

if not at place of death?.....

usual residence....

2

Registrar

PLACE OF	all or	11 11/2	DATE OF	BURIAL SA
uu_	anus	July Sen	1	13
UNDERTA	KER	1	ADDRESS	Will.
<u> </u>	-7	/1	10.11	W/// /

bianks are needed, address kate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; i Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemoid, etc. If the occupation has been clanged definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Spinner, Civil engineer, whatever, write None. business, that fact may be indicated thus; Furmer fre or given up on account of the DISEASE CAUSING LEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken laborer, Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Foremon, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, yrs). For persons who have no occupation (b) Cotton mill; (a) Salesman. (b) Grocery, emon, (b) Automobile factory. The materia Compositor, Architect, Stationary fireman, etc. But in many Laborer-Coal minc, etc. Wom-Locomotive engineer,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: \*Corebrospinal fever\* (the only definite synonym is \*Epidemic cerebrospinal meningitis\*); Diphtherio avoid use of \*Croup\*); Typhoid fever (never report "Typhoid Pneumonia."; Lobor pneumonia, Bronchopneumonia ("Pneumonia.")

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permanently filed

answered in detail, it will prevent further correspondence. All the dath is essential and must be obtained before the certificate is

approved by Committee on Recommendations on statement of cause of lettinus) may be stated under the head of "contributory." Acarbolic ocid-probably suicide. The nature of the injury, inges, perilonocum, etc., Carcinoma, Sarcoma, etc., of stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, American Medical Association.) as fracture of skull, accident; Revolver wound of head-homicide; Poisoned by "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary) (secondary ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men--Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify ali "Uraemia," "Weakness," etc., when a definite disease this certificate is looked over thoroughly and all questions "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, cough; " "Marasmus, " "Old Age, " "Shock, or intercurrent) affection Chronic valvular heart disease; and consequences (e.g., sepsis, etc. The Nomenclature of the need contributory not be

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N. B.

V. S. No. 1

	PLACE OF DEATH	0171 STATE OF MARYLAND CERTIFICATE OF DEATH
Co	unty /Cuguan	Registration Dist. No.
/	Cockeysoule mis	(16 3-41 3 :
Villag	2FULL NAME Carried How E	St.: Ward) a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE STRUCK. MARRIED. WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
6 DAT	(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1929 to family 1920, 1920, that I last saw h & alive on Au/3. 1920.
7 AGE	yrs. mos. ds. lf LESS than I day hrs. or min.?	and that death occurred on the date stated above, at 10 4 m. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work		Syphoil four
b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)		Contributory Secondary Secondary
10	O NAME OF Charles Domaon	(Signed) Just Dyach M. D.
L N	OF FATHER (State or country) Red	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAR	OF MOTHER Explicit a. Mitchell	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13	OF MOTHER (State or Country)	At place of death yrs mos. ds. In the State yrs mos ds. Where was disease contracted,
	E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?  Former or usual residence
	(Address) Alarka Par	Sephens Chapil Comeling Late of Burial
Fi	iled Jun 14 198 ST8 Drach MD Registra	20 UNDERTAKER Sparks Only Sparks Only 16 W. Saratoga St., Balton, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken fulness of various pursuits ean be known. The queseupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a laborer, report specifically the occupations of persons en-Foremon, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. (b) Grocery; without more precise specification as Day Compositor, Architect, Stationary fireman, etc. Locomolive engineer, But in many

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of stated unless important. Example: Measles (disease approved by Committee on telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY diseases resulting from ehildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Heart tallure, traculoumage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, Whooping cough; American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The n\_ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the eause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi-Chronic etc. The contributory affection need valvular heart disease; Nomenclature not be etc., of

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

	PLACE OF DEATH County Ballmore	03977 STATE OF MARYLAND CERTIFICATE OF DEATH
certificate.	Village or Cit Averlea Hille Ken 2FULL NAME agnes O. F.	Registration Dist. No.  Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Serti	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ock of	A COLOR OR RACE SINGLE, MARRIED WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH April 26, 19030  (Month) (Day) (Year)
d no su	6 DATE OF BIRTH  (Month) (Day) (Year)	17 / I HEREBY CERTIFY, That I attended the deceased from 130 to April 26 ,1930, that I last saw h salive on Arab 26 , 1930,
nstruction	7 AGE  35 yrs. 6 mos. 1 ds. or min.?	and that death occurred on the date stated above, at 50 mm.
See i	8 OCCUPATION (a) Trade, profession or Af Home particular kind of work	Ideno-Carcingmon
statement of OCCUPATION is very important.	(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Metasfaces who spine
	(State or country) Mary and  10 NAME OF FATHER MARGE MOSCA 2	Secondary reb + ling; (Durstion) yre 6 mos. L. de. (Signed) Level M. p.
	OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of Mother ond Briscoe  13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place In the
	(State or Country)  14 THE ABOVE IS TRUE TO THE PEST OF MY KNOWLEDGE	of death yra mos ds. State yrs de.  Where was disease contracted, if not at place of dea h?
	(Address) Asspelving Mod.	19-PEACE OF BURIAL OR REMOVAL DATE OF BURIAL PARKWOOD ONE LETY WE'L 29, 1930
es .	Filed 4/28 1923 8 A. F. Fregistras	Frederick Lassem Constilletton
	If more blanks are needed, addre.s State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). work, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Never return "Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, Locomotive engineer, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many As examples: (a) 6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Hamorrhage," stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shook," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Chronicvalvular heart disease; etc. The contributory affection need not be

If this certificate is looked over thoroughly and all quadions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

oN S.

N. B.--

County Delivery  Village or City Discould (No. March St.: Ward) (If death occurs on begins to have a begin to have a begin to the Name of the State of Country)  PERSONAL AND STATISTICAL PARTICULARS  3 SEX	PLACE OF DEATH	03978 STATE OF MARYLAND
Village or City Discoville (No. Haylor Sarl St.: Ward) a hospital or in clon, give its NAM.  2FULL NAME Milliam R. Formall, St.: Ward) a hospital or in clon, give its NAM.  2FULL NAME Milliam R. Formall, St.: Ward a hospital or in clon, give its NAM.  2FULL NAME Milliam R. Formall, St.: Ward a hospital or in clon, give its NAM.  2FULL NAME Milliam R. Formall, St.: Ward a hospital or inclon, give its NAM.  2FULL NAME Milliam R. Formall, St.: Ward a hospital or inclon, give its NAM.  3 SEX 4 COLOR OR RACE B SINGLE. MARRIED.  MARRIED	(h) of and	CERTIFICATE OF DEATH
Village or City Diklarille (No. Again St.: Ward)  2FULL NAME William R. Formalit, a hospital or in a literature or industry or in a laterature or industry or in	ounty 8	
PERSONAL AND STATISTICAL PARTICULARS  3 SEX  4 COLOR OR RACE  B SINGLE.  MARRIED.  MAR	Willia P F. 6	Cylor Varl St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
3 SEX  4 COLOR OR RACE  WARRIED  WARRIE	M. F. Santa	MEDICAL CERTIFICATE OF DEATH
MARIED WIDOWNEY  ON THE MINOWNEY  OF BIRTH  12/70  (Month) (Day) (Year)  TAGE  (Month) (Day) (Year)  (Month) (	IN CINCLES	
(Month) (Day) (Year)  7 AGE  (Month) (Day) (Year)  7 AGE  (Month) (Day) (Year)  11 LESS than I day hrs. or min.?  8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employed	MARRIED, WIDOWED.	(Month)—(Day) (Year)_
(Month) (Day) (Year)  If LESS than I day, hrs. I have hrs. or min.?  B OCCUPATION (a) Irade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Public Contributory  BIRTHPLACE (State or country)  I I BIRTHPLACE (State o	12/7. 1866	Morenter 30, 1929 to april 16, 1920.
S OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (amployer)  BIRTHPLACE  (State or country)  10 NAME OF FATBER  11 BIRTHPLACE  OF FATBER  (State or country)  12 MAIDEN NAME  OF MOTHER  (State or country)  13 BIRTHPLACE  OF MOTHER  (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  A PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  (Address)  DATE OF BURIAL  DA	***************************************	that I last saw here alive on Comments. 1920.
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  12 MAIDEN NAME OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  15 PLACE OF BURIAL OR REMOVAL  (Address)  16 PLACE OF BURIAL OR REMOVAL  (Address)  17 PLACE OF BURIAL OR REMOVAL  (Address)	GE [If LESS than	and that death occured on the date stated abova, at
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NXME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Duration)  (Signed)		The CAUSE OF DEATH * was as follows:
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business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATTER  (State or country)  11 BIRTHPLACE OF FATTER  (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)  (Address)  (Address)  (Durstion)  (Signed)  (Address)  (Signed)  (Address)  (Signed)  (Address)  (Signed)		
Signed Duretion With State or country Secondary    10 NAME OF   FATHER   The Secondary   Secondary     11 BIRTHPLACE   OF FATHER   State or country     12 MAIDEN NAME   OF MOTHER   OF MOTHER   State or country     13 BIRTHPLACE   OF MOTHER   OF MOTHER   State or country     14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE   State or country     14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE   In the State   S	usiness, or establishment in	(Duration) 3.yrs mos ds.
(Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Address)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Address)  (Address)  (Signed)  (Address)  (Signed)  (Address)  (Signed)  (Address)  (Address)  (Address)  (Signed)  (Address)  (Address)  (Address)  (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Signed)  (Address)		
Signed.  II BIRTHPLACE OF FATHER (State or country)  I2 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  I3 BIRTHPLACE OF MOTHER (State or country)  I4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)  (Address)  (Address)  (Signed)  (Signed)  (Signed)  (Address)  (Address)  (Signed)  (Address)  (Address)  (Address)  (Signed)  (Address)  (Address)  (Address)  (Signed)  (Address)  (Address)  (Signed)  (Address)  (Address)  (Signed)  (Address)  (Address)  (Address)  (Signed)  (Address)  (Address)  (Address)  (Address)  (Signed)  (Address)	(State or country) Bullo m.	Secondary  Duretion)dada.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)		(Signed) Mm (Strocus) M. D.
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)  (Address)  (Address)  *State the Discase Causing Death, or, in deaths from Yviolent Caus. s, state (1) Means of Injury and (2) wheth Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, in the State with th	marin 19 cellar	4/16, 130 (Address) 1901 greffessa
12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  (Address)  (Address)  (Address)  (Address)  (B LENGTH OF RESIDENCE (For Hospitais, Institutions, insti	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Caus. s, state (1) Means of injury and (2) whether Accidental, Suicidal or Homicidal.
At place of death	. 101 - 7 10 111 -	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
(State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)  (State or country)  Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  (Address)  (Address)  (Address)		At place in the
(Informant) The BEST OF MY KNOWLEDGE  (Informant) The BEST OF MY KNOWLEDGE  (Informant) The BEST OF MY KNOWLEDGE  Former or usual residence.  (Address) Place of death?  19 PLACE OF BURIAL OR REMOVAL  (Address) HIS, 11		of deathyrsmosds, Stateyrsmosds
(Informant) Phone Toller Put 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) Phone 19 PLACE OF BURIAL OR REMOVAL HIS, 1		if not at place of death?
(Address) Pelsessill not Touclous on 4/18.	Sochi Ingliena	
(charge	( Do 000 : 00 Mgs	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL WILLIAM, 130
Filed April 17 19230 5 6 6 Mehols Registras 20 UNDERTAKER Tower 2359 WG	Filed April 17 19230 50 8 & mehols Registras	20 UNDERTAKER Toules 2:3-39 eucos
If mora bianks are naaded, addross Stata Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.	If mora bianks are naaded, address Stata Registra	r, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationory fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Househeepers who receive a en at home, who are engaged in the dutics of the laborer, worked on may form part of the second statement. Never return "laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enwhatever, write None. Housemuid, etc. If the occupation has been changed Foreman, (b) Automobile 6 yrs). For persons who have no occupation or At Home, For many occupations a single word or term on Farm laborer, without more precise specification as Day (a) the kind of work and also (b) the and children, not gainfully em-Laborer-Coal mine, etc. foctory. The material Locomotive engineer, (b) Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pacumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonacum, etc., Carcinoma, Sarcona, etc., of "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart Tailure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, unqualified, telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Whooping cough; approved (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury American Medical Association.) .... (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as by Committee on Nomenclature of the is indefinite); Tuberculosis of lungs, men-Chronic Example: Measles (disease etc. The volvular heart diseasc; contributory "Dropsy,

If this certificate is looked over thoroughly and all questions ans wered in detail, it will prevent further correspondence. Althe data is essential and must be obtained before the certificate is permanently filed.

EVERY item of information should be carefully supplied. ACE should be stated EXACTLY, P CIANS should state CAUSE OF DEATH in plain terms so that it may be propally classified statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.

V. S. No. 1

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Exact

### PLACE OF DEATH

### 07685 STATE OF MARYLAND

County Baltimore	Registration Dist. No.
Village or City <u>EUDOWOOD SANATIONIUM</u> , TOWSON,  2FULL NAME <u>Jourso</u> K. Z	MD. St.: Ward)  (If death occurred in a hospital or Institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE SINGLE, MARRIED, WIDOWED.X OR DIVORCED (Write the word)	16 DATE OF DEATH 7 - 27, 1930
Oct 3/ 1864 (Month) (Day) (Year)	that I last saw her alive on 1930,
7 AGE  65 yrs. 8 mos. 26 ds. or min.?	and that death occurred on the date stated above, at 6 2 m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Pulmonony Intestinal) (Duration) 9 yrs. mos. do.
9 BIRTHPLACE (State or country) Baltimore	Contributory Secondary (Duction)
FATHER  OF FATHER  (State or country)  FATHER  OF FATHER  (State or country)	(Signed)
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  12 MAIDEN NAME M. Mueller  13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.
Hospital Records Personal History  (Informant)  Eudow(Address)  Filed kuly 27 19230 W. Butte	Where was disease contracted, if not at place of deah? Unknown  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  OCUMEN PARKER  ADDRESS  ADDRESS

Registras

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired. 6 yrs). or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid. etc. household only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-(b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) (a) the kind of work and also (b) the If the occupation has been changed Automobile factory. The material -Coal mine, etc. (b) Grocery, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "E::haustion, atic), "Atrophy," "Collapse," "Coma," "Convulsions, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by carbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of Whooping Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY ("Congenital," "Senile," etc.), "Dropsy," on," "Heart failure," "Haemorrhage," cough; Committee on Chronic valvular heart disease; nephritis, etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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WRITE IN, WITH UNFADING INKIHIS IS A PERMANENT	Every	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly class	statement of OCCUPATION is very important. See instructions on back of certificate.
	N. B Every item of information should be carefully supplied. ACE should be stated EXACT		
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PLACE OF DEATH	05263 STATE OF MARYLAND
County Baltimore Cu.	CERTIFICATE OF DEATH
	90 Registration Dist. No.
Village or City Thorland. (No.	St.: Ward) (If death occurred in
2 FULL NAME Was Mande From	a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Open 25, 1668	1928 to mak 9
/(Month) (Day) (Year) 7 AGE Ilf LESS tha	that I last saw he alive on 1974, 19
62 yrs	s. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	Valrular Heart Resease
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yes mos de
9 BIRTHPLACE (State or country) Way land	Contributory Secondary  (Parydon) yis mos de
10 NAME OF Clearles . a. Parles.	(Signed) 1930 (Addies) Janes M.D.
of FATHER (State or country) Woulflawol	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Junie & Catterson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Wanglows	At place of death yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Sofung & Fromble Js.	usual residence
(Address) Montan Md.	Providence Cemetry may 12. 130
Filed May 10 1980 Descrier Holas	John Burns Song From Ma
If more branks are needed, addre.s State Kegiste	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from loborer, Farm laborer, Laborer-Cool minc, etc. Wom-en at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Statement of Occupation-Precise statement of oc-Housemuid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, (b) Automobile foctory. The For many occupations a single word or term on (b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many (b) material Grocery;

Statement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., sepsis, approved by Committee on tetanus) may be stated under the head of "contributory." American Medical Association.) carbolic acid-probably suicide. The n.ture of the injury, "PUERPERAL seplicaemia," "PUERPERAL perilonilis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway troin-(secondary or intercurrent) affection need Chronic interstitiol nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic etc. valvular heart Nomenclature of the The contributory not be disease;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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	PLACE OF DEATH	STATE OF MARYLAND
	Count Valleurore 74	CERTIFICATE OF DEATH
		Registration Dist. No.
	W 10.	registation Dist, No.
ė l	Village or City 500 (No	St.: Ward) (If death occurred in
ar	0:11. 57	tion, give its NAME ir-
Ě .	2FULL NAME receptions & fg	number.)
Cel	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
0 3	SEX 4 COLOR OR RAGE 5 SINGLE,	IS DATE OF DEATH SA
CK	WIDEWED. OR DIVORCED	May 4, 1930
Da	(Write the word)	(Month) (Day) (Year)
00	8 DATE OF BIRTH	ase 13 1931 10 May 4 1931
တ္	Sel 19, 1835	The same of a
101	(Month) (Day) (Year)	
uctio	7 AGE	and that death occurred on the date stated ever, atm.
Str	75 7 /3   day hrs.	The CAUSE OF DEATH * was as follows:
=   -	yrs. mos. ds. or min.	A
0	(a) Trade, profession or	Cretal heuserhage
	particular kind of work	
tant	business, or establishment in	(Duration) yrs 3 m2s ds
2	which employed or (employer)	
du	9 BIRTHPLACE (State or country)	Contributory Secondary
=	Maryans	Durato) yı nos de.
91)	10 NAME OF FATHER	(Signed) From: E1 Marker 1 M.D.
> 00	11 BIRTHPLACE	May 5. 1931 (Address Paud alle form
2	OF FATHER	
=	Z (State or country) // aug aug	Vident Causes, state (1) Means of Injury and (2) whether Actionals, Suicidal or Homicidal.
<	12 MAIDEN NAME OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
5	18 BIRTHPLACE	ients or Recent Residents)
2	OF MOTHER	At place of death yis mos de. State yrs mos de.
0	(State or country)	Where was disease contracted, if not at place of death?
0 1	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
0	(Information of the dylan	usual residence
3	C A P	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
stat	(Address Maurelofful)	perfark (ullery 1) auf. 1930
0) 1	15 El May get 1030 M. n. Quel Herr	20 UNDERTAKER ADDRESS
	Filed Coy 90 1920 // Registras	Ver. E. COOK M. Hauld Grestond
1	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., wind loborer, cupation is very important, so that the relative health en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, c. g. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," 'Deal-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a whatever, write None. or given up on account of the DISTASE CAUSING DEATH. For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation without more precise specification as Doy Laborer-Coul mine, etc. Wompersons en-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

permanently filed.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A ithe data is essential and must be obtained before the certificate is "Uraemia," "Weakness," etc., when a definite disease inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., ef . . . . . . . (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Exhaustion, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory" carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury Whooping American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, by Committee on Nomenclature of the cough; 'Congenital,' "Senile," etc.), "Dropsy, Chronic etc. affection need not be valvular heart The contributory

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Houseer," etc., nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Housenwid, etc. If the occupation has been changed to report specifically the occupations of persons enployed. as Al school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foroman," "Manager," "Dealcases, especially in industrial employments, it is neceslaborer, Foremun, or At Home, and children, not gainfully em-For many occupations a single word or term on Brs). Farm laborer. (b) Cotton mill; (a) Solesman. (b) without more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia Laborer--Coal mine, etc. Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,"

> approved by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Debility" tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcomo, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railrooy train-"Exhaustion," Chronic interstitial nephritis, Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY cough; ("Congenital," " "Marasmus, Committee on Nomenclature ngenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," Chronic valvular heart disease, Example: Measles (disease etc. The contributory Always qualify all

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2

County Coldinary	O7687 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or Sing Parameters 17	37 Seed ward (If death occurred in a hospital or Institution, give its NAME instead of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
13 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month), 19230
6 DATE OF BIRTH  Sev. 10 45, 1928  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 , 192
7 AGE    If LESS than   I day hrs.   or min.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Jell briwern bro of wall.  (Duration) yrs mos de.
9 BIRTHPLACE (Ntate or country)  10 NAME OF FATHER WILLIAM HOX	(Signed) M. D. M.
OF FATHER State or country)  12 MAIDEN NAME  12 MAIDEN NAME	*State the listage Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER YSUL N. Mchards  13 BIRTHPLACE OF MOTHER (State or Country)  14	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
(Informant) When to the BEST OF MY KNOWLEDGE	Former or usual residence
15 Filed July 28 1930 4 Alleman Begistrai	John Danny ADDRESS
If more b.anks are needed, addre.s tate Kegistra	7, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthg. ged in domestie service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed Civil engineer, Paysician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of report specifically the occupations of persons ennner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) letanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal condieausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Measles (disease ..... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and eonsequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from ehildbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS state MEANS OF INJURY or intercurrent) Chronic valvular heart disease; affection need not be etc. The contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--

PLACE OF PEATH	67688 STATE OF MARYLAND
County Baltinon	CERTIFICATE OF DEATH
S	Registration Dist. No. 38
Village or City Jown (No. 603	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME Jawyeme Dyn	May TOY number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Make A COLOR OF RACE SINGLES SINGLES MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH , 1(3 0
6 DATE OF BIRTH  Man 12, 1887	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw ham alive on July 1920
7 AGE / If LESS than I day hrs.	and that death occurred on the date stated bove, nt
43 yrs. 1 mos. 2,9 ds. or min.?	The CAUSE OF DEATH + was as tollows.
8 OCCUPATION (a) Trade, profession or particular kind of work	Coronary Mombres
(b) General nature of industry business, or establishment in	(Duration) yts, mos Rds.
which employed or (employer) www.	Contributory & Celeroses "
9 BIRTHPLACE (State or country) Baltimore City	Recondary Sele / Femples 10 / 2 / 2 / 2
10 NAME OF Hanny Chilliam Fox	(Signed Variet 7 of Mes Jerry 1923 (Address) Joneson Trus
of Father (State or country) Marylandh	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mary Ella Grisitt	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of deathyrsmosds,
14 THE ABOVE IS TRUE TO THE DEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of death?
(Informant) Ether Fox Burgan	Former or usual residence
(Address) 509 East Hand Street	Profeet Hell July 18, 180
15 Filed shy 12 100 MM Dutter Out	They Buse Sons Jonans.
If more banks are needed, addre.s tate Kegistra	6 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emshould be used only when needed. fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housenuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, etc., Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Womyrs).. For persons who have no occupation without more precise specification as Day (b) Automobile factory. The material Stationary fireman, etc. But in many Locomotive engineer, As examples: (a) 6 Grocery,

Stritement of Cause of Death—Name, first, the DIS-EASE GAUSTING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bionchopneumonia ("Pneumonia,"

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If this contrette is looked the holoughly and a'l qu stions answ red in detail, of will be one wither correspondence. All the data is Seental and must be obtained before the certificate is permanently filed.

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Filed

V. 8. No.

	15, 165, 05, 55, 55, 55, 55, 55, 55, 55, 55, 5	14667
	PLACE OF DEATH	STATE OF MARYLAND
	County Dalling	CERTIFICATE OF DEATH
		Registration Dist. No. 33
ficate.	Village or City Catorisi Cho. Spring 2FULL NAME Cattlerine Fra	Grand World (If death occurred in a hospital or institution, give its NAME instead of street and number.)
cert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	Femula White SINGLE, MARRIED, WIDOWED. We downed OR DIVORCED (Write the word)	16 DATE OF DEATH Dec. 10 , 19230
ons on a	6 DATE OF BIRTH  (Month)  (Day)  (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  Och 4 1970. to Ole 10 , 1970,  that I last saw law alive on Dec 9 4 , 1923.
nstructi	7 AGE  89 yrs. 6 mos. 4 ds. or min.?	and that death occurred on the date stated above, at 5 A m. The CAUSE OF DEATH * was as follows:
ant. See	(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	Chr Endo Cardata
ery import	which employed or (employer)  9 BIRTHPLACE (State or eountry) England  10 NAME OF FATHER	Contributory Chr. Ne phritis Secondary  Durstion yrs. 2 mos. ds.  (Signed) Worth, E Carett M. D.
TION IS V	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicids or Homicidal.
OCCUPA	of Mother Chan the pley  13 BIRTHPLACE OF MOTHER (State or Country)  Gugland	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted, A. A. A. C. State Course mos ds.
ement of	(Informant) Southern House for aged	if not at place of death?  Former or usual residence 2 5 2 0 Community Ave.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
etat	(Address) Z5 Za fransmount lles	Western Cemetry 2/16 12, 193

ADDRESS

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queswhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salcsman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stotionary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a especially in industrial employments, it is neces-Farm loborer, Laborer-Cool mine, etc. Womwithout more precise specification as Doy (b) Automobile factory. The material single word or term on (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: \*Cercbrospital fever\* (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

5

telanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (sccondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles, American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, Never report mere symptoms or terminal condi-" "Weakness," etc., when a definite disease ," "Coma," "Convulsions,

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S. No. 1

N. B

Village or City Stonsoille (No. 206 Mr.  2FULL NAME Clarence a. fr.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3 0  (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (pril = 2 4 = 19930.
6 DATE OF BIRTH  \$\int_{\text{elig}} = \gamma = \frac{1}{2},   \text{1895} \\ (\text{Month})  \text{(Day)}  \text{(Year)}	that last saw havealive on
7 AGE    If LESS than   I day hrs. or min.?	The state of the s
(a) Trade, profession or particular kind of work  (b) General nature of industry  business, or establishment in	(Duration) via mos 21 da
9 BIRTHPLACE (State or country) Manyland.	Contributory Secondary  Ouration yrs mos 3 ds.
10 NAME OF FATHER James J. France,  11 BIRTHPLACE OF FATHER 72	(Signed) M. D. M. M. M. D. M.
(State or country) Maryland, 12 MAIDEN NAME florence 3. Young.	*State the Viscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfers or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death
(Interment Valgrie France,	Former or usual residence
15 Filed afr 26 1980 C L Mattfeldt Registrar	20 UNDERTAKER  6.M. Waltz, Minfield, Md.
If more blanks are needed, address State Registral	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken en at home, er," etc., Without more process. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. For many occupations a single word or term on yrs). Compositor, Architect, Locomotive engineer, who are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e. g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY . (name origin; "Cancer" is less definite; avoid cough; Chronic etc. The contributory affection need valvular heart disease; Nomenclature of the Always qualify all not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

be stated EXACTL be properly classif PERMANENT BINDING should ACE WITH UNFADING INK--THIS MARGIN RESERVED

may

that it

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of information should be carefully supplied. should state INS H

	PLACE OF DEATH		12188	STATE OF MARY
	County Ballers		740	CERTIFICATE OF Registration Dist. No.
ale.	Village or City 1 3 ad	of Mount	-7.	St.: Ward) (If del a hosp tion, g
UTIC	2FULL NAME	over cour	Trance	numbe
leo	PERSONAL AND STA	TISTICAL PARTICULARS	MEDIC	AL CERTIFICATE OF DEA
ack of	male white	ACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH	ef 2) ds (Month) (Day)
see instructions on p	6 DATE OF BIRTH	00 4 , 185; fonth) (Day) (Year)	3	GERTIFY, That I stenged the
	7 AGE 73yrs.	If LESS than I day hrs or min.	and that death occur The CAUSE OF DEAT	red on the date stated above, a
	(a) Trade, profession or particular kind of work  (b) General nature of industry	Ein Farmer	arebra	el hemm
tant	business, or establishment in which employed or (employer)	(201		(Duration)yra,
mpor	9 BIRTHPLACE (State or country)	aryland	. Contributory	(Dutation) yıs
very	10 NAME OF FATHER LA QUE.	Francia	(Signed)	MHanny
ALIONIS	OF FATHER  (State or country)	uaryland,		isease Causing Death, or, in ate (1) Means of Injury and or Homicidal.
	of Mother	de Hypochany		SIDENCE (For Hospitals, Ins
	13 BIRTHPLACE OF MOTHER (State or Country)	ary land	At place of death	In the State,yrs
10 11	14 THE ABOVE IS TRUE TO THE	BEST OF MY KNOWLEDGE	if not at place of deal Former or usual residence	h
ateme	(Informant) COM.	below R. J.D	19 PLACE OF BURIA	Cury - 1 - 09
19	15 Filed 6 129 1930	Trancis A-Blak	20 UNDERTAKER	Comes Tor
	If more bank	s are needed, addre a State Registra	16 W. Saratoga St.,	Balto., Requesting V. S. No. 1.

12188

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 39

(If death occurred in a hospital or institu-tion, give its NAME is Ward) stead of street and number.)

	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATHOR 2) ds , 1930
	(Month) (Day) (Year)
>	HEREBY CERTIFY, That I stended the deceased from
	that I last saw he malive on // 4 , 19230,
n	and that death occurred on the date stated above, at 3 - 3 9n
3.	The CAUSE OF DEATH * was as follows:
5	
_	arebral himmhage.
	(Duration) yrs, mol 3 ds
	(Duration)yrs,modds
	. Contributory Secondary
_	(Dyfation) yis mos
	(Signed) M. D. M. D.
-	10/28 192 (Address) Dalelm
_	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
_	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	At place of deathyrsmosds. In the Stateyrsmosds
-	Where was disesse contracted, if not at place of deah?
	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	all Sarubi Cuy 1 + 604 30, 1930
6	20 UNDERTAKER ADDRESS

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) whatever, write None. laborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screent, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, nature of the business or industry, and therefore an Civil engineer, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (fo Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, tion applies to each and every etc., Foreman, first line will be sufficient, e.g., Farmer or Planker, sicium, Compositor, Architect, Locomotive engineer, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. person, irrespective of But in many (b) Grocery;

s; inal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal EA: 11 CAUSING DEATH (the primary affection with respect Strtement of Cause of Death-Name, first, the Disfever the only definite synonym is "Epidemic cerebro-Typhoid fever (never report "Typhoid Pneumonia"); time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> carbolic acid-probably suicide. The n.ture of the injury, "Debility" ("Congental," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJU.Y resulting from childbirth or miscarriage as cough; Chronic etc. The contributory valvular heart Nomenclature of the disease;

data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. permanently filed. If this certificate is looked over thoroughly and all qu stions

PLACE OF DEATH County Baltanore	03900 STATE OF MARYLAND CERTIFICATE OF DEATH
Village & Chy Catonsi llono. Spring 3	Registration Dist. No.  (If d-ath occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Mylowed OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH  Left 7 (Year)  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Dec 3 1929. to April 2 , 1929, that I last saw hamalive on Class (1929), 1929,
7 AGE    If LESS than   I dayhrs.   ormin.?	and that death occurred on the dato stated above, at
(a) I rade, profession or particular kind of work  (b) General nature of industry	Lola Preumonia
business, or establishment in which employed or (employer)  BERTHPLACE (State or country)  Mary Land	Contributory Milyal Busefficionery Secondary (Duration) yrs 6 mos ds.
10 NAME OF HATHER HENRY Frank	(Signed) Wet E Garrett M. D.  Class 17 19230 (Address) Catton or in deaths from
C (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE  OF FATHER  (State or country)  MA  OF MOTHER  MAN  MA  MA  MA  MA  MA  MA  MA  MA  M	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  13 LLNGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death
(Informant) Caroline Frank (Address) Elin Ave	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed 4/1 1925 Aldred Registrer	We Landy Son 1910 pleets
If more banks are needed, addre. a clary Kegistran	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesmon, mature of the business or industry, and therefore an additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Flanter, tion applies to cach and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). laborer, Furnt laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons cnplicyed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not raid Housekeepers who receive a Physician. Compositor, Architect, Foreman, (b) Automobile factory. The material For many occupations a or At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation single word or term cn Locomolive engineer, (b) Grocery;

St. terment of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disense. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

> st\_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid occident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstilial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably sweide. The n-ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. approved Examples: Accidental drowning; Struck by railwoy troin-American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY by Committee on Nomenclature of the Chronic valvulor heart discose; nephritis, etc. The contributory Always qualify all not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.

U.

PLACE OF DEATH	STATE OF MARYLAND
County Ballimore	CERTIFICATE OF DEATH
A	Registration Dist. No.
on Carren Dida	e/. //.a
Village or City Whey (No. (Ling	Ward) (If death occurred in a hospital cr institu-
2 FULL NAME Infant Fra	tion, give Its NAME In- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single,  Married,  Wildoweth  Wil	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
1/27/1900	
7 AGE (Month) (Day) (Year)	and that death occurred on the date stated above, at 12,30 7.
17.00/ it LESS than I dayhrs.	The CAUSE OF DEATH * was as follows:
Myrs. Wombs. de or min.?	
B OCCUPATION (a) Trade, profession or	Stillborn Loelus -
particular kind of work	H months gestations
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration) yrs tnos de.
S'BIRTHPLACE (State or country)	Contributory Secondary  (Duration) yrs mos de
10 NAME OF THE FATHER TO SELECT THE PARTY OF	(Signed) (Duration) yrs mos de
11 BIRTHPLACE	1/29 1900 (Address) Parkville, Uld.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causas, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Fanny M. Weaver	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or country)	of death yrs disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Mrs. Mary Wiever	Former or usual residence
(Address) Fullerton P. F. D. Md.	Own property Jan 291930
Filed 1/29 1930 G. W. Bacan Registrar	Homilton Frank Fullerton R. F.
If more branks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (0) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Spinner, (b) Colton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g.. Farmer or Planter state occupation at beginning of illness. If retired from er," et:., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Civil engineer, Stationary firemon, etc. Physician, Compositor, Architect, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. to report specifically the occupations of persons en-Foremon, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm loborer, Laboreryrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The material If the occupation has been changed -Coal mine, etc. Wom-Locomotive engineer, But in many 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,":

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, perilonacum, etc., Carcinoma, Sarcoma,, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely can be ascertained as the cause. Always qualify all curbolic acid—probably suicide. occident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underapproved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) .... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic Example: Mcasles (disease etc. The contributory The nature of the injury, valvular heart discuse; Measles; death

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

No. 1 72 HYSI-Exact

PLACE OF DEATH	05265 STATE OF MARYLAND
County Ballom ore.	CERTIFICATE OF DEATH
1. 180 01 1	Registration Dist. No. 36
Village or City lows on 15-1. (No. freen Ke	dye Coad. St.: Ward) (If death occurred in a hospital or institution, give its NAME is -
2 FULL NAME John Wastey	Franken (, a) - tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WILDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
July 7, 1844	Mmj 12 1920. to Mmj 17 , 193. D.
(Month) (Day) (Year)	that I last saw h ma alive on Muy 17
7 AGE [If LESS than	and that death occurred on the date stated above, atm,
85 yrs. 10 mos. 10 ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION	Cerebral Haem value resulting
(a) Trade, profession or	from trading sterle farming
particular kind of work / fe well 11 hhom " [ [ ] ]	Jull dom 8 lans
business, or establishment in	(Duration) vrs mos ds.
which employed or (employer) / who well-	Contributory
9 BIRTHPLACE (State or country)	Secondary
/ lemsylvania	(Duration)ds.
FATHER WILL T	(Signed) 1 Ollman M. D.
11 BIRTHPLACE	Marky 1/ 1920 (Address) Towson MU
OF FATHER (State or country)	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME 1 1. 11	Accidental, Suicidal or Homicidal.
of MOTHER Julia Jum Calmer	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	At place In the
(State or Country)	of deathyrsds. Stateyrsds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea h?
Culmus Cadelan	Former or usual residence
(Informant) Havy Capeles	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 3- Precy Brian Brace	adeland Carry Ballo 6 May 21, 1970.
15 Filed May 11 1930 July Butter Och	20 UNDERTAKER ADDRESS
Registra	Loter Buris Lover
If more banks are needed, addre.s Ltate Kegistras	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specification as laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The queswhatever, write None. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, tion applies to e.ch and every person, irrespective cf Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinul fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL portionitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," st\_ted unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid—probably suicide. The n\_ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. The contributory Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Com2," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; Nomenclature of the not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD Y, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE

V. S. No. 1

PLACE OF DEATH .	STATE OF MARYLAND
County Ballunoce	CERTIFICATE OF DEATH
,1	188-0 Registration Dist. No. 38
FULL NAME Ben anni F.	St.: Ward) (If death occurred a hospital or institution, give its NAME is stead of street as number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Wille GOLOR OR RACE SINGLE, MARRIED, WIDOWED WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  Much 30, 1930  (Month) (Day) (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased fro
March 5 1855	
(Month) (Day) (Year)	that I last saw halive on, 192
AGE	and that death occurred on the date stated above, at
75 3   day hrs.	The CAUSE OF DEATH * was as follows:
yrs. omos. do ds. or min.?	
(a) Trade, profession or	while wathing on gagles of
particular kind of work AMULUCU  (b) General nature of industry	Nothern Scuttal Kackoog
business, or establishment in	(Duration)yrsmos
which employed or (employer)	Contributory
SHRTHPLACE (State or country)	Secondary
10 NAME OF	(Arrivation) Jesus According
FATHER Jackson Pranchless.	(Signed) M.
11 BIRTHPLACE	
OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME	
OF MOTHER, Values by	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transents or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country) It and and	of deathyrsmosds. Stateyrsmos
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
\$ 8 12 00 -11	Former or usual residence
(Informant) 1. C. Jallagua	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 3806 Alen Wel.	Showwood swelling april 1, 103
Filed March 3/ 1920 Jon P. Butte	20 UNDERTAKER 11-tola Japaness

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonce tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to cach and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a er," etc., Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the 6 Grocery;

Statement of Cities of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar preumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," eausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol approved as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train taken. For violent deaths state means of injuly State eause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perdonitis, diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of Whooping"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi interstitial ncphritis, by Committee on Nomenclature of the cough; Chronic valvular heart disease; ncphrilis, etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

WRITE

So.

(Address)

100-0

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No

(If death occurred in a hospital er institu-Ward) tion, give Its NAME In-

e elect	atend of street and number.)
1	MEDICAL CERTIFICATE OF DEATH
-	16 DATE OF DEATH December 14, 1980  (Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attanded the decased from 1980, to Dec 14 , 1980,
	that I last saw h herelive on Dec 14 1920
n	and that daath occured on the date stated above, atm.
s. .?	The CAUSE OF BEATH * was as follows:
-	(Signed) (Address) (Signed) (Address) (Signed) (Address) (Seath, or, in deaths from
-	*State the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	At place of death yrs 2 mos 3 ds. In the State yrs mos ds.
	Where was disease contracted, Unknown if not at place of death?
	Former or usual residence 108 Hawthorne Road, Salleman
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  12 -14 , 1936.
	RO UNDERTAKER ADDRESS
2	from book long

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from tuborer, Farm laborer, Laborer-Coal mine, etc. Wam-en at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: 'a, sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer. Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed work, household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, without more precise specification as Day (6) For persons who have no occupation Stationary fireman, etc. Automobile factory. The material Locomotive engineer, But in many (b) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospant fever (the only definite synonym is "Epidemic cerebrospant spinal meningitis"); Diphtheria (avoid use of "Crou"); Typhoid fever (never report "Typhoid Pneumonia"; Libbar pneumonia, Bronchopneumonia ("Pneumonia";

stated unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, inges, perilonaeum, etc., Carcinoma, earbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, "PUERPERAL septicacmia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage "Uraemia, "" "Weakness," ctc., when a definite disease "Exhaustion, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmeumonia (secondary), use of "Tumor" for malignant neoplasms); Mcasles; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Whooping cough; American Medical Association.) approved by Committee on Examples: Accidental drowning; Struck by railwoy train Recommendations on statement of cause of ..... (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, interstitial nephritis, Chronic valrular heart etc. Nomenclature of the The Sarcoma,, etc., of contributory disease;

If this certificate is looked over thoroughly and all questions anawered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the cartificate is permanently filed.

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T		, PH
	CORD	erly classificate.
SINDING	ERMANENT	should be state it may be prop on back of ce
MARGIN RESERVED FOR BINDING	WRITE AIL Y, WITH UNFADING INKTHIS IS A PERMANENT CORD	N. B.—Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI- \[ \alpha_N \rightarrow \text{should} \text{ state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact \[ \alpha_1 \text{should} \text{ should} \text{ state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact \[ \alpha_1 \text{should} \text{ should} \text{ state} \text{ occupations on back of oertificate.} \]
		N. BEV

05266	
PLACE OF DEATH  County Ballo.	STATE OF MARYLAND CERTIFICATE OF DEATH
(12	Registration Dist. No. 44
Village or City Essley (No. 1 Eyring  2FULL NAME Julia France 7.	Ave. ness Easter sau Ward)  (If death occurred in a hospital or institution, give Its NAME is stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE. MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
Oct. 23 d , 1859  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1920 to 2007 9 1920, that I last saw less alive on 2007 14 1920,
yrs. 6 mos. 21 ds. If LESS than I day hrs. or min.?  B OCCUPATION (a) Trade, profession or particular kind of work	and that death occurred on the date stated above, at / P. m. The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)	Contributory Secondary  (Durstion)  yrs, mos ds.
10 NAME OF FATHER Ougellardt,  11 BIRTHPLACE OF FATHER (State or country)	(Signed) M. D.  19 L. (Address) M. D.  *State the I israse Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients of Recent Residents)  At place of deat' yrs
(Informant) Charles M. Transeline (Address) Gyring avenue outen an	Former or usust residence.  DATE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed May 16, 1980 Jun 9. Connelly Registrary  If more banks are needed, address Ltate Registrary	Lilly geile Inc. 1403 x. 11 4 ll

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neceswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return". Laborer," "Foreman," "Manager," "Dealsary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocetc., Foreman, or At Home, and children, For many occupations a single word or term on man, (b) Automobile factory. The material without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation not gainfully em-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bro shopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles; inges, perilonaeum, etc., Carcinoma, Sarcoma, American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic affection need etc. The contributory valvular heart disease, not be etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN	MARGIN RESERVED FOR BINDING	FOR	BINDING
ITH UNFADI	NG INKTHIS	IS A	ITH UNFADING INKTHIS IS A PERMANENT COOR
SE OF DEATH	refully supplied. In plain terms s	ACE to tha	should be carefully supplied. ACE should be stated EXA(SE OF DEATH in plain terms so that it may be properly cla

1, WILL ON ADING INN THIS IS A LEMMANENT	BEvery item of information should be carefully supplied. ACE should be stated EXAC CIANS should state CAUSE OF DEATH In plain terms so that it may be properly class statement of OCCUPATION is very important. See instructions on back of certificate	
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	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				13001		
PLACE OF DEATH  County Baltimore					14000	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.	
					(129)		
					<b>O</b> .		
Vi	llage or CityR	elay		eechf <u>iel</u> Frederic		St: Ward	d) (If death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)
	PERSONAL A	ND STATISTI	CAL PARTIC	ULARS	MEDIC	AL CERTIFICATE	OF DEATH
3 :	S SEX 4 COLOR OR RACE 5 SINGLE.			16 DATE OF DEATH			
F	Female White MARRIED. Widowed on Divorced (Write the word)		D	December 7 - XXX  (Month) (Day) (Year)			
January 4 1851					17 I HEREBY	CERTIFY, That I at	ttended the deceased from
					May 16 the 19230 to blee 6th, 19230		
	********	(Month)	(Day)	(Year)	that I last saw h . C	r alive on Le	e 6 th, 192 3
7 AGE  79 yrs. 11 mos. 3 ds. or min.?					and that death occur	rred on the date state	ed above, at 3 A. m.
					The CAUSE OF DEATH * was as follows:		
		yrs. I I	noa. <u>O</u> d	s. or min.?	Eleronice	Keflend	<b>b</b> -
1	a) Trade, profession	n or			Chronie 7/2	bular Hea	it eliseaie
particular kind of work None					Wetal steword		
(b) General nature of industry business, or establishment in which employed or (employer)						(Duration)	7 yrsds.
Sept.	BIRTHPLACE	,	4		Contributory		TTTT: 000 000 000 000 000 000 000 000 00
(State or country) Carisfulle			Secondary	, (D : 4	10000000000000000000000000000000000000		
-	10 NAME OF				(Signed), Helley Herrican M. D.		
PARENTS	FATHER Jacob Albrecht			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Meana of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-			
	11 BIRTHPLACE Carlsruhe						
	(State or country) Germany						
	of Mother Caroline Schaihley						
	13 BIRTHPLACE Durlach			At place	esidents) In th		
	OF MOTHER (State or Country) Germany			of deathyrsmosds. Stateyrsmosds.			
14	THE ABOVE IS TRU			LEDGE	Where was disease cont if not at place of dear	racted, h?	***************************************
	(5)		n		Former or		
(Informant) Mrs. Carrie F. Schneider Beechfield Ave., Relay, Mrd.					19 PLACE OF BURIA		DATE OF BURIAL
	(Address)	ecurierd	Ave., Re	eray, Mol.		k) Cemetery	
15	100	- 27 41	New 4	111	20 UNDERTAKER		Dec. 9 , 1930.

If more bianks are needed, address State Registrar,/16 Wy Saratoga St., Balto., Requesting V. S. No. 1.

Baltimore St

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househou ehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material Stationary fireman, etc. But in many For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EAS: CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspinal fever (the only definite synonym is "Epidemic cerebraspinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,"

> causing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicacmia," "PUERPERAL peritonitis, "(Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) affection need not be ss important. Example: *Measles* (disease 'Congenital," "Senile," etc.), "Dropsy,"," "Heart failure," "Haemorrhage," Chronic valvular heart disease; etc. The contributory

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JAN 3 153

1	06462 STATE OF MARYLAND
PLACE OF DEATH	STATE OF MARYLAND
County Baltmire	CERTIFICATE OF DEATH
County	(43)
0 11	Registration Dist. No.
Village or on Parkton (No. Ind_ 2FULL NAME Minnie B. Fred	St.: Ward) (If death occurred in a hospit d or institution, give its NAME i. stend of street and
FULL NAME /// W. 7/64	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED OR DIVORCED OR DIVORCED	16 DATE OF DEATH 26 , 1930 (Month) (Day) (Year)
6 DATE OF BIRTH	(Month) (Day) (Year)
20 5- 0	June 19200 to June 26 1920
(Month) (Day) (Year)	that I last saw h by alive on James 26, 1920,
7 AGE [If LESS than	and that death occurred on the date stated above, at 11 200 .m.
I day hrs.	The CAUSE OF DEATH * was as follows:
3-7 yrs. 10 mos. 29 ds. or min.?	
8 OCCUPATION	adisma Viscos
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in	(Duration) 2 yrs, mos. ds,
which employed or (employer) W	Contributory
9 BIRTHPLACE (State or country) (3-17-	Secondary
vallanore lily	(Durstion)ds.
TO NAME OF FATHER OF 1111	(Signed) Wilner John M. D.
11 BIRTHPLAGE	June 17 1920 (Address) White Hall
F OF FATHER D	State the Discose Causing Death or In deaths from
Z (State or country) Baltmil City	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Jennie K. Bushinghan	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or country) Baltime City.	At place of death rs. mos. ds. In the State yrs. mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
3 4 1 10 4 11	Former or
(Informant) how. Chao. M. Trudeuch	usual residence
(Address) Partie, and	Wender and American Arme 18.130
15 () . A . & B T } ()	20 UNDERTAKER ADDRESS
Filed from 27 1980 M. Dorhus M. J. Registrar	P. markline While Halland
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. cupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At hame. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Doy loborer, Form laborer, Laborer-Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Physician, Foremon, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (c) Sulesman. (b) Grocery; emon, (b) Automobile factory. The material Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Meosles (disease telanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonid (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., Carcinoma, Sorcoma, etc., of approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Whooping cough; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Never report mere symptoms or terminal condiinterstitial nephritis, " "Marasmus," "Old Age," "Shock," Chronic valendar heart disease, etc. The contributory

V. S. No. 1

PLACE OF DEATH County Palting C	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Catonser (No. Afring 2FULL NAME Harry Freeber	Registration Dist. No.  Grace Hosp St. Ward)  (If death occurred in a hospital or institution, give its NAME instead of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED (Write the word)  6 DATE OF BIRTH	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended the deceased from
Jany // 1878 (Month) (Day) (Year)	that I last saw hamaliva on 200 1 2 , 1920
52 yrs. 10 mos. 2 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE  (State or country)	(Durstion) yrs. mos. 2 ds.  Contributory At Alexal Pressure Secondary  (Durstion) yrs. mos. ds.
10 NAME OF FATHER AS H. Dreeberger  11 BIRTHRIAGE OF FATHER (State or country)	(Signed). State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Meana of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  MA	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place 2 yrs 1 mos 2 ds. In the 52 yrs 10 mos 2 ds.
(Informant) Mor Harry Froeberger	Where was disease contracted Aplace of death  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL
(Address) STU Guller Bloom Filed 11/192 Bloom Registrar	Western lan 11-15-, 1930 20 UNDERTAKER ADDRESS
If more bianks are needed, address State Registra	ir, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, etc., For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease. Chronic interstitual nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary "Atrophy," "Collapse," "Coma," "Convulsions, or intercurrent) affection need not be Nomenclature

X	5	PHYSI-
	-THIS IS A PERMANENT CORD X	upplied. ACE should be stated EXACTLY, PHYSI- terms so that it may be properly classified. Exact see instructions on back of certificate.
9	KENT	se stated by properly k of certifi
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1PLACE OF DEATH

	D 211		
County.	Baltin	ore	



STATE OF MARYLAND CERTIFICATE OF DEATH

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S.	1	
SI.	23	
. F	41	
Same	1000	

		Registration Dist. No. 43
Vil	Phil  2FULL NAME Charles Freitag	Adelphia Rd. St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Asle White SINGLE, Married WIDOWED.  OR DIVORCED (Write the word)	December 12th, 192.30 (Month) (Day) (Year)
6 [	July 21, , 1 8 (Month) (Day) (Y	I HEREBY CERTIFY, That I attended the deceased from
7 A	If LESS I day or 21ds.	hrs. The CAUSE OF DEATH * was as follows:
( p () h	OCCUPATION  a) Trade, profession or articular kind of work	Sudding you mos do.
300	IRTHPLACE (State or country)  Germany  10 NAME OF FATHER  Karl Freitag	Contributory Secondary  Duration  (Signed)  (Address  (A
RENTS	OF FATHER (State or country) Germany  12 MAIDEN NAME	*State the Disease Causing Death, or, In deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PA	OF MOTHER Hildebrandt.  13 BIRTHPLACE OF MOTHER (State or Country) Germany THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death
	(Informant) Katherine Freitag. (Address) Raspaburg. Md.	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL CONSTRUCTION OF THE PROPERTY SEE 16, 1930
15	Filed 12/15 19230 9 0 Fints	THE RELEASE BELLET BUT
	If more branks are needed, address State Ker	ristrar, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Former re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a ," etc., Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Coal minc, etc. Wom-(b)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic percurospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound af head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., o approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; Chronic valvular heart disease, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of death Never report mere symptoms or terminal condior intercurrent) affection need not be etc. The contributory

V. S. No. 1

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6 1	DATE OF BI	RTH	may	2	2	1852
			Mont	h) (I	)ay)	(Year)
7 4	AGE	78	yrs. 2	mos. 2	5 1	LESS than day hrs. r min.?
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b b	particular kinds b) General business, or which employed (State or control of the	nd of wo nature of establishm oyed or (er Eountry)	industry nent in	mel Heres	d	
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07689 STATE OF MARYLAND CERTIFICATE OF DEATH

CERTIFICATE OF DEATH
Registration Dist. No.

. 0	•				
1	St.:	Ward)	(If death a hospital	or ins	titu-
0 x	lr.		tion, give i stead of number.)	CR LAMIATI	C II .

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH July 34, 1923 D
(Mogth) (Day) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from
+UT 19230. to selly 24, 1930
that I last saw halive on
and that death occurred on the date stated above, atm,
The CAUSE OF DEATH * was as follows:
Cerebral Exporpleyey
Contributory Warre Interesting Secondary  (Duration) yrs 3 mos ds.  Contributory Warre Interesting  (Duration) yrs 3 mos ds.
(Signed) SM. D.
*Eate the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death yrs. mos. de. State yrs. mos. ds.
Where was disesse contracted, if not at place of dea.h?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  DATE OF BURIAL  DO UNDERTAKER  DO UNDERTAKER  DO UNDERTAKER
Frederich Lass And Tow Frederica

If more bianks are needed, address tate Registrar, I6 W. Saratoga St., Balto., Requesting V. S. No. I.

(Approved by U. S. Census and American Public Health Association.)

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roperly classified. Registration Dist. No. (if death occurred in .....Ward) a hospital or institution, give its NAME Ir stead of street and number.) proper PERSONAL AND STATISTICAL PARTICU MEDICAL CERTIFICATE OF DEATH SINGLE 4 COLOR OR 16 DATE OF DEATH MARRIED. WIDOWED 192 OR DIVORCE may (Write the word 6 DATE OF BIRTH That I attended the deceased from that 7 AGE If LESS than and that death occurred on the date stated affore, at ... I day hrs. The CAUSE OF DEATH \* was as ....min.? OCCUPATION (a) Trade, profession or particular kind of work a (b) General nature of industry business, or establishment in which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country (Duration) DO 10 NAME O 5 L (Signed) Shou E CF (1) 11 BIRTHPLACE 30 (Address) ENT OF FATHER SO Causing Death, or, In Information state CAUS \*State the Disease (State or cou Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. 8 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE OF MOTHER At place In the of death .....yrs.....mos.....ds. State yrs mos... (State or Country) 00 Where was disease contracted, of shoul 14 THE ABOVE IS TRUE TO THE if not at place of death? Every item CIANS shot statement o item usual residence (Informant) Filed If more bianks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

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PLACE OF DEATH	03981 STATE OF MARYLAND
County I Sallinam	CERTIFICATE OF DEATH
Village or City Sansvelle (No. 38 Blos 2FULL NAME Magualines Frume	Registration Dist. No. )  (If death occurred is a hospital or institution, give its NAME is stend of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED (Write the word)	16 DATE OF DEATH / 2 14 , 1923 6 (Month) (Day) (Year)
6 DATE OF BIRTH  Samuary 80 , 1837  (Month) (Day) (Year)	The HEREBY CERTIFY, That I attended the deceased from 1920. to Charles 1936 that I last saw han alive on Africa 11 17, 1923.6
7 AGE  93 yrs. 2 mos. 13 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Annual Farticular kind of work	papentrophel. Carrie Compairies
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Car Stat Outlape
9 BIRTHPLACE (State or country) (State or country)	Contributory Secondary  (Duration)
10 NAME OF John TV. Zehner	(Signed) Was Wat vill M. E.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER CLOV KNOWY	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or country) Trace / En un	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Address) Calmavell hy	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed Ph (3 1930 ( Matheest Registrar	20 UNDERTAKER Dyfur 1600 ON Marth
If more bianks are needed, address State Registra	, 16 W. Saratoga St., Balty Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freeman, etc. But in many tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed Laborer--Coal mine, etc. person, irrespective of not gainfully em-6 Grocery, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. Then ture of the injury. accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "Inanition," "Marasmus," "Old Age, "Shock," Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," American Medical Association.) approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and quality as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; 1. chopneumonia (secondary), stited unless important Examples: Accidental drowning; Struck by railway traintions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary Whooping "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; " "Marasmus," "Old Age," "Shock," or intercurrent) affection need not be Committee on Nomenclature Chronic valvular heart disease Example: Measles (disease etc. The contributory

V. S. No. 1

1		r, PHYSI- ed. Exact
	CORD	d EXACTL) erly classifi tificate.
SUDING	WRITE AIN , WITH UNFADING INKTHIS IS A PERMANENT CORD	N. BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain torms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
207	IS IS A F	ed. ACE sis so that structions
MARGIN RESERVED FOR BINDING	NG INKTH	refully suppli in plain torm rtant. See in
MARGIN	H UNFADIN	thould be call OF DEATH
1	TIM, WIT	ormation sate CAUSE
1	ITE A	em of inf should st ant of OCC
	WR	. BEvery it CIANS
		Z

PLACE OF DEATH  County Baltimore  Village or City Turner State (No. Ar  2FULL NAME Charles & Fre	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 4  Mard)  (If death occurred in a hospital or Institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Hute (Write the word)	16 DATE OF DEATH  Jehrnary 28, 1980  (Month) (Day) (Year)
6 DATE OF BIRTH  Dec. (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from February 25 1930 to February 27 1930, that I last saw him alive on February 274, 1930,
7 AGE  2 yrs. 2 mos. 5 ds. or min.?	and that death occurred on the date stated above, at 5 a.m. The CAUSE OF DEATH * was as follows:  Bronch premining.
s OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	(Duration) yrs. mos 2 ds.  Contributory Secondary
10 NAME OF FATHER Michel & Friescie  11 BIRTHPLACE OF FATHER (State or country)  2 (State or country)	(Signed) (Signed) (Address) (Address) (Signed) (Address) (Address) (Address) (Address) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Civily & allew  13 BIRTHPLACE OF MOTHER (State or Country)  (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs. ds. State yrs. mes. ds.  Where was disease contracted,
(Informant) Michel Freeinee  (Address) Arrudale Free Registrar  If more branks are needed, address State Registrar	Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  March 1, 19 2a  20 UNDERTAKER  ADDRESS  LIN Lelluch  2008 Orleans

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Civil engineer, Stotionary fireman, etc. But in many Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus; Former (retired 6 yrs). For persons who have no occupation en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (0) Physician, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a loborer, Farm laborer, Laboreror given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwhatever, write None. Foremon, For many occupations a or At Home, and children, not gainfully emwithout more precise specification as Day Compositor, Architect, Cotton mill; (o) Sulesman, (b) Grocery; (b) Automobile factory. The material single word or term on -Coal mine, etc. Wom-Locomotive engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy." "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumania (secondary), Chronic interstitiol nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. tetanus) may he stated under the head of "contributory." Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Nover report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; etc. The contributory

	Balto. Edgemer		nyder Ma	Jan .	STATE OF CERTIFICATI  Registration  St.: Ward	E OF DEATH Dist. No. 44
PERSON	IAL AND STATIST	ICAL PARTICL	LARS	MEDICA	L CERTIFICATE	OF DEATH
3 SEX Fernale	4 COLOR OR RACE	MARRIED, WIDOWED, OR DIVORCED (Write the word	Pour	16 DATE OF DEATH	March	
6 DATE OF BIR	TH Jerne (Month		, 1853	that i jast saw h er	ERTIFY, That i at	tended the deceased from the same of 193
7 AGE	76 yrs. 98	·9 4.	If LESS than law hrs. or min.?	and that death occurre	d on the date stete	debove, at 5:20 A
(b) General na business, or es	ature of industry stablishment in ed or (employer)	Home	fe:	Contributory	(Duration)	
10 NAME OF	Marius 97	neill Bi	vee	(Signed) Louis 3 - 7 19230	(Address)	elin M.
OF FATHI	country) Ten	nessee		*State the l'is Violent Causes, state Accidental, Suicidal or	ase Causing Death, e (1) Means of it	or, in deaths from njury and (2) Whether
OF MOTH	ER Duis	e Bust	der.		DENCE (For Hospi	iteis, institutions, Tran
13 BIRTHPL OF MOTH (State or	ER // LW	nesel.		At place of deathyrsmor		e teyrsmos
(Informant)	STRUE TO THE BES	n Fulat	er	if not at place of dea h? Former or usual residence	*	
(Addr	11	as abo	سر	Oaklaus	2 Ceneter	DATE OF BURIAL
15 Filed meh	17 1930 7	land home	.10	20 UNDERTAKER	2 11	DDRESS

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(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Form laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every or given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Houseer," etc., Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer (rc. state occupation at beginning of illness. If retired from Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servont, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many person, irrespective of Locomotive engineer,

Stritement of Cause of Death—Name, first, the DISEALL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrophial fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

American Medical Association.) or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Ezhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; inges, perilonaeum, etc., Carcinomo, Sarcoma, etc., oi ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-10 ds. Never report mere symptoms or terminal condi (secondary or intercurrent) Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway troin "Atrophy," "Collapse," "Coma," "Tumor" for malignant neoplasms); Meosles; Chronic Example: Measles (disease affection necd not be etc. The contributory valvular heart ", "Convulsions, diseose;

N. B.—Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD PERMANENT BINDING Y, WITH UNFADING INK--THIS IS A MARGIN RESERVED FOR WRITE

V, S. No. 1

PLACE OF DEATH County Baltimore	07691 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City (No	Outhouth St.: Ward)  (If death occurred is a hospital or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX  4 COLOR OR RACE  MARRIED, WIDOWED, WIDOWED  OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH Malanoun, 1	1 HEREBY CERTIFY, That I attended the deceased from 1923 to July 19, 1923
(Month) (Day) (Year)	that I last saw har alive on July 192
7 AGE   If LESS than   I day hrs.   hrs.   ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	Cerebral Hemorrhage
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)
9 BIRTHPLACE (State or country) Curtu a	Contributory Secondary  (Duration)  yrs
10 NAME OF Paul Labreda	(Signed)
OF FATHER  (State or country)  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER JA KWoun	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or country)	ients or Recent Residents)  At place of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
of the Gader.	Former or usual residence
(Address) Houl Pout Pout	Holy Redeemer July 22, 1930
15 Filed Uly 20 1923 of Al Como in Registrar	Lace Sprachen 1966, Wards
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census 2nd American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the oecupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the (a) Foreman, (b) Automobile factory. The materia nature of the business or industry, and therefore an the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc., But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, earbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely Examples: Aecidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease taken. For violent deaths state means of injury diseases can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. Whooping use of "Tumor" for malignant neoplasms); Mcasles, ····· (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, pcritonaeum, etc., Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as interstitial nephritis, cough; or intercurrent) Chronic Example: Measles (disease Carcinoma, Sarcoma, etc., of chopneumonia (secondary), etc. affection need not be valvular heart Nomenclature The contributory disease;

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N. B.-

PLACE OF DEATH	UZUZU STATE OF MARYLAND		
County Baltimore	CERTIFICATE OF DEATH.		
We also the second seco	90		
O , in Al. !	Registration Dist. No.		
Village on Carton soile Opreng	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and		
1.00 00.11	tion, give its NAME is -		
2FULL NAME COM ( Jactier	number.)		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WILL down	16 DATE OF DEATH march 23, 1930		
70 OR DIVORCED	march 20, 1000		
(11,000 000 1101)	(Month) (Day) (Year)		
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from		
Dec. 7, 1854	Tely// 1080 to Meh 23, 19230		
(Month) (Day) (Year)	that I last saw h Malive on 1927. Q		
7 AGE If LESS than	and that death occurred on the date stated above, atm.		
75 yrs. 3 mos. 5 ds. or min.?	The CAUSE OF DEATH * was as follows:		
8 OCCUPATION			
(a) Trade, profession or particular kind of work	006		
(b) General nature of industry	Chr Endocarditio		
business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.		
9 BIRTHPLACE	Contributory Charin - Schorosco		
(State or country) Maryland.	Secondary		
I 10 NAME OF	(Duration)		
FATHER Thomas GaiTher	(Signed) Color S Garrett M. D.		
11 BIRTHPLACE	THEN 1920 (Address) Catowards The		
CF FATHER  (State or country)	*State the Placase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
U 12 MAIDEN NAME			
of MOTHER Nebelea Jarry	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)		
13 BIRTHPLACE OF MOTHER	At place In the 7- 2		
(State or Country)			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, handpolis mel		
D # 1/1 06 80	Former or usual residence are aremadel & almosthuse		
(Informant) Buth Himmelmater	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
(Address) 127 E 23 St	M. anni Cem. anna solio 3/25, /30		
15 h. 25 2. 1. 1. 1/2/2 110/1/	O UNDERTAKER ADDRESS		
Filed // 1921921921 Registrai	Harry A hithogs		
	16 W. Sarafova St., Balto, Leguesting V. S. No. 1.		
If more blanks are needed, addre.s itate kegistrar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.			

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(Approved by U. S. Census : nd American Fublic Health Association.)

state occupation at beginning of illness. If retired-from should be used only when needed. As examples: (a) business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housenwid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., Spinner, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The queswhatever, write None. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to e ch and every person, irrespective cf Foreman, to know or Al For many occupations a single word or term on 37.8). without more precise specification as Day Home, Cotton For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the If the occupation has been changed mill; and children, not gainfully em-(a) Salesman. (b)

Strtement of Cause of Death—Name, first the DISEARS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerébrose in al meningitis"); Lightheria (avoid use of "Croup"); sinal meningitis"); Lightheria (avoid use of "Croup"); Ty, heid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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American Medical Association.) approved by (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n\_ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicacmia," "PUERPERAL perilonilis," etc. diseases "Uraemia," "Weakness," etc., when a definite disease "E.haustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E.haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st.ted unless important. (secondar/ or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of can be ascertained as the cause. Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as Committee on Nomenclature Chronic Example: Measles (disease etc. The contributory valvular heart disease; Always qualify all

PLACE OF DEATH County Daltimors	STATE OF MARYLAND
Presleyleria	Hond of MC Registration Dist. No. 38
Village or City Towson (No. Georgia C	with Divis Druge: Ward) a hospital or institu-
2 FULL NAME Elizabeth Galt	tion, give its NAME Is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. Sugli OR DIVORCED (Write the word)	16 DATE OF DEATH SULF 11, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH  April 20, 1947  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That Lattended the deceased from 1930, to Sept. 1930, that I wast saw here alive on Sept. 10, 1930,
7 AGE  8 3 yrs. 4 mos, Z / ds. or min.?	and that death occurred on the date stated above, at 4 m. The CAUSE OF DEATH * was as follows:  Myseardial Allowfusaliae:
(a) Trade, profession or particular kind of work at 140ml	V
business, or establishment in which employed or (employer)	(Duration) 2 yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary  (Duration)  Tree
10 NAME OF Bapt Henry Galt	(Sign A) M. D. M. D. (Address) Days of left
OF FATHER (State or country) unknown	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Clipslett Jouls  13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or country) Unhours	At place of death / yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Records of the Horn	19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Bollmod semetery Sept 13. 1030
15 Filestept 12 1930 Thu Butter Dept Registrar	Chas J. Black 742 W North ave
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1, Ballimod Md

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House er," etc., Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions," use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is loss definite; avoid American Medical Association.) approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bre chopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; Committee on Nomenclature Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUR

PLACE OF DEATH		0173	STATE OF	MARYLAND
County Bellenne		(31)	CERTIFICATE	OF DEATH
	/		Registration	Dist. No. 33
Village or City Centralism Jens.  2FULL NAME A 3RAHAM			Št.: Ward	(16 1 - 1)
PERSONAL AND STATISTICAL PAR	RTICULARS	MEDICA	L CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RACE MARRIE WIDOW OR DIVICE (Write the	ED. Manned	16 DATE OF DEATH		/7 , 130(Day) (Year)
6 DATE OF BIRTH  Reay  (Worth) (F	, 1886	March 21d	1929 . to	ended the deceased from
(Month) (E	(1641)			7 17 192 9
7 AGE	If LESS than	and that death occurr		labove, at 7.35 C. m.
43 yrs. 8 mos. 16	ds. or min.?	The CAUSE OF DEAT	n * was as follows:	
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE  (State or country)	nese painting	Contributory Secondary	(Duration)	yrs 3 mos ds
10 NAME OF FATHER Coming Super.	noff	(DIB 11047	1. H. Alma	yrs mos de M. D.
OF FATHER (State or country)	sia.	words the Di	Causing Dooth	or, in deaths from njury and (2) Whether
T 12 MAIDEN NAME  OF MOTHER  L SELLA	?	18 LENGTH OF RES		tals, Institutions, Trans
19 BIRTHPLACE OF MOTHER (State or Country)  Russes	a.	At place of deathyrs9_m	os.27 ds. In the	te Yyrs mos ds
(Informant) Whateau Japones	,	Where was disease contrif not at place of dealer Former or usual residence	- 1 -	me Sh. Ballo lad
(Address) 2002 & Brete	-s fG-	19 PLACE OF BURIAL	PR REMOVAL MILLOW	1-17- 30,
15 Filed Jan 17 1980 H.M.	QQ.1 Registrar	20 UNDERTAKER	wie, 143	9 Balto
If more branks are needed, ac	ddress State Registra	r, 16 W. Saratoga St., F	Salto., Requesting V.	S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Screent, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement Physician, Compositor, Architect, Locomotive whatever, write None. business, that fact may be indicated thus; Former (re-Never return "Laborer," "Foreman," "Manager," "Deal-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Form loborer, Loborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation cugineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

Capproved by Committee on Nomenclature of the American Medical Association.) atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus, VILLAGO, When a definite disease "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart range," "Old Age," "Shock,"
"Transition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping cough; Chronic Chronic interstitiol nephritis, telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi or intercurrent) affection need not be Chronic volvular heart disease, Example: Measles (disease etc. The Always qualify all contributory

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MARGIN RESERVED FO	LINEY, WITH UNFADING INKTHIS IS	information should be carefully supplied. A
MARGIN	WITH UNFAD	tion should be c
1	INCT.	forma
		= "

V. S. No. 1

N. B.

PLACE OF DEATH  County /3 allowers	CERTIFICAT	MARYLAND E OF DEATH Dist. No. 33
Village or City Servisore (No	St.: Ware	001-01
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  7 56.  (Month)	22 , 19233 (Day) (Year)
6 DATE OF BIRTH  7.6. 22 , 1930  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I at	ttended the deceased from
7 AGE     If LESS tha     I day	s. The CAUSE OF DEATH * was as follows:	ed above, atm,
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Duration)  Contributory Secondary  (Duration)	
10 NAME OF Tre artine Gardener  11 BIRTHPLACE	Ktm/las	M. D.
OF FATHER  (State or country)	*State the Disease Causing Death Violent Causes, state (1) Means of I Accidental, Suicidal or Homicidal.	
OF MOTHER  OF MOTHER  13 BIRTHPLACE  OF MOTHER  (State or Country)	Where was disease contracted	eeyrsmosds.
(Informant) The BEST OF MY KNOWLEDGE	if not at place of death?	
(Informant)  (Address)  (Address)	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL  722 22, 1930
Filed Fue 22 19232 Symple of Registrar	20 UNDERTAKER	ADDRESS

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Plonter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (o) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enr," etc., Foremon, For many occupations a especially in industrial employments, it is neces-Farm laborer, Loborer-Coul mine, etc. Womwithout more precise specification as Doy (b) Automobile foctory. The material For persons who have no occupation single word or term on 6) Grocery;

Statement of Cause of Death—Name, first, the pure EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospitul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

plefolius) may be stated under the head of "contributory." Papproved by Committee on Nomenclature American Medical Association.) "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, (secondary Chronic interstitial nephritis, Whooping cough; carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi (name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be Chronic valvular heart diseose, Example: Measles (disease etc. The Always qualify all contributory

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Village or City Catousville (No. 2  2FULL NAME Mary a.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  (If death occurred in a hospital cr institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. MASSILE OR DIVORCED (Write the word)	16 DATE OF DEATH 29, 1930, (Month) (Day) (Year)
6 DATE OF BIRTH  Sept. 28., 1853 (Wonth) (Day) (Year)	that last saw h Malive on Jan 2 9 1920.
7 AGE    If LESS that   day   hr   day   hr   or   min	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work Jouestic	·
(b) General nature of industry business, or establishment in which employed or (employer)	(Duretion) yrs de
State or country) Calvert Co. Md	Sacondary  (Duration) yrs ince de
FATHER Daac Freman	(Signed) Washes (Mun for )
OF FATHER  (State or country)  12 MAIDEN NAME  (Disculsor Range)	*State the Discase Causing Death, or, in deaths from Violent Caus.s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER  13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
OF MOTHER (State or country)	At place of deathyrsmosds. Stateyrsda.  Where was disease contracted,
(Informant) Richard J. Gardul (Address) 21 Nade ave. Calousere	if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OF BENOVAL DATE OF BURIAL
Filed fan 30 1900 / Mottfeldt Registrai	My Mis J. W. Teufel & Son 80/ W. Fayette
If more blanks are needed, address State Registr	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from er," etc., should be used only when needed. As examples: (a) business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Serumt, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager." "Feal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. whatever, write None. household only (not paid Housekeepers who receive a Physician, Compositor, Architect, cupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Foreman, (b) or At Home, engineer, Stationary fereman, etc. But in many For many occupations a Farm laborer, Laborer-(b) Colton mill; (a) Salesman, (b) without more precise specification as Day For persons who have no occupation Automobile factory. The material and children, not gainfully emsingle word or term on -Coal mine, etc Locomotive engineer, The ques-Grovery. Wom-

Statement of Cause of Death—Name, first, the DIS-FASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"), spinal meningitis"); Diphtheria (avoid Pneumonia"); abas pneumonia, Bronchopneumonia ("Pneumonia,")

> "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite discase approved by Recommendations on statement of cause of telanus) may be stated under the head of "contributory as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver around of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," ctc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinonu, Sarconu, American Medical Association.) Examples: Accidental drowning; Struck by railway train unqualified, is indefinite); Tuberculosis of lungs, men-.... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Committee on Chronic " etc., when a definite discase Example: Measles (disease affection etc. The contributory valrular heart disease; Nomenclature need Measles; not be etc., of

1PLACE OF DEATH	14671 STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH
0 . 1	30
oful	Home Registration Dist. No. 30
2FULL NAME Charles Augu	Av. & Junner Tsine Ward)  (If death occurred a hospital or institution, give its NAME is steed of street er number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married WIDOWED. OR DIVORCED	16 DATE OF DEATH December 22 1930, 192
Male White (Write the word)	(Month) (Day) (Year)
	22 19230 to Lake 22 , 1923
Aligust 8, 1865 (Month) (Day) (Year)	that I lest sew h the elive on 1923
7 AGE [If LESS than	and that death occurred on the date stated above, at 9 a
65hrs.	The CAUSE OF DEATH * was as follows:
65 yrs. 4 mos. 14 ds. or min.?	Market Ma
(a) Trade, profession or particular kind of work Letter Carrier	Missile Viewara Heart desay
(b) General nature of industry Post Office	
business, or establishment in Retired	(Duretion) yrs mos
9 BIRTHPLACE (State or country)	Contributory Secondary
Baltimore, Md.	(Duration) / yrs. 2 mos.
FATHER Christopher Gareis	(Signed) Marshall 3 Atst M.
II BIRTHPLACE	Dec 22 19230 (Address) Calourelle Vig
CState or country) Germany	*State the Ilisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
2 12 MAIDEN NAME OF MOTHER Amelia Schutz	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tren
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At plece
(State or Country) Germany	At place of deeth yrs Z mos, ds. State 9 yrs mos des
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not et plece of dea.h?
(Informant) Walter P. Gareis (Son)	Former or usual residence
7707 7 0013	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

20 UNDERTAKER

DATE OF BURIAL

ADDRESS

If more banks are needed, address ttate Registrar, 16 W. Saretoga St., Belto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise speciments, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked. on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal metingitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

papproved by Committee on American Medical Association.) stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping cough; Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; etc. The contributory Nomenclature of the

PLACE OF DEATH	07692 STATE OF MARYLAND
County Sollemn	CERTIFICATE OF DEATH,
n + Q. hear	Registration Dist. No.
Village or City W/h Carrot	St.: Ward)  (if death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME At, Clast Z	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAD CERTIFICATE OF DEATH
Male Col (Write the word)	Month) (Day) (Year)
Set 7th, 1930	HEREBY CERTIFY, That Pattended the deceased from  1923 to 1923
(Month) (Day) (Year)	that I last saw handive on 192.
7 AGE   If LESS than   I day hrs.	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
yrsds. ormin.?	P. C.
8 OCCUPATION (a) Trade, profession or particular kind of work	gastro-cuterotis
(b) General nature of industry	H.
business, or establishment in which employed or (employer)	(Duration)yrsde,
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF Mula	(Sighed) (M. D)
11 BIRTHPI ACE	July 2 1 101 3 chouse Aparow Tons
OF FATHER (State or country)  12 MAIDEN NAME  2	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Pettie Itil	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER  MOTHER	At place of deathyrsmosds. In the Stateyrsmosds.
(State or Country)  14 THE ABOVE IS TRUE TO THE SEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of doa.h?
mulgarett	Former or usual residence
(Informant)	19 BLACE OF BURIAL OR REMOVAL PATE OF BURIAL
(Aldress) // ship of com	ashing Cem July 27/1030
15 Filed July 2/ 19230 4 fill micky	News-Robert a. Eliott
If more banks are needed, addre.s State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully employed, as At. school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Piysician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, whatever, write None. Housemaid, etc. If the occupation has been changed g ged in domestic service for wages, as Scrvant, Cook, business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, (b) Automobile factory. The material report specifically the occupations of persons enetc., For many occupations a without more precise specification as Day single word or term on (b) Grocery; The ques-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fewer (the only definite synonym is "Epidemic cerebrosginal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite discase diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; use of "Tumor" for malignant neoplasms); Meastes; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJULY Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, pcritonaeum, etc., Carcinoma, Sarcoma, etc., ol Chronic valvular heart discase; etc. The contributory

STATE OF MARYLAND

CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME it stead of street and

MEDICAL CERTIFICATE OF DEATH That Lattended the deceased from

Causing Death, or, in Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

IR LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

In the State.....yrs....mos...

DATE OF BURIAL

ADDRESS

If more blanks are needed, address tate Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, should be used only when needed. As examples: (a) additional line is provided for the latter statement; i fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changed g: ged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealto report specifically the occupations of persons en-Physician, Compositor, Architect, Locomotive engineer, ,,, etc., Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, (b) Grocery.
man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrostinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature "('Ezhaustion,') "Heart ranure,
> "('Inanition,') "Marasmus,') "Old Age,') "Shock,"
> "('Uraemia,') "Weakness,'' etc., when a definite disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," stated unless important. American Medical Association.) telujus) may be stated under the head of "contributory." as fracture of skull, and consequences (e g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronie interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; Chronic valvular heart disease; nephrilis, etc. The contributory Example: Measles (disease affection need not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

U)

-Every item of information should be carefully supplied. ACE thould be stated, EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly algosified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD , WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE V. S. No. 1

N

PLACE OF DEATH	08963 STATE OF MARYLAND
County O Square	CERTIFICATE OF DEATH
Crehamail	Registration Dist. No.
Village or City No.	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and
2FULL NAME SOCKE SOM	Mes Semmel number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	(Moth) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY That I attended the deceased from
Tel 29 188	april 30 1928 to august 12 1930
(Month) (Day) (Year)	that I last saw h An alive on
7 AGE [If LESS than	
57) 5 mas 14 day hrs	
yrs. mos. 7 ds. or min.	Constitution
(a) Trade, profession or particular kind of work	Concomma 1 / Musimum
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs, mosds.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF	(Durstion) yrs. nios. ds.
FATHER Lankson Mearley	(Signed) M, D,
11 BIRTHPLACE	
OF FATHER  (State or country)  State of Country)	State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Elinaleth Sallit	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the of death yrs mos, ds. State yrs ds.
(State or country)	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Myo Morro	usual residence
(Address) Cookysull Md	19 PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL OR SERVICE OF SURIAL OR 1930
Filed aug 12 1920 B B Bene Mi	20 UNDERTAKER ADDRESS Her Level on Fe
If more banks are needed, address State Negistra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor. Architect, the first line will be sufficient, e. g., Farmer or Planter, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Farm laborer, Luborer-(b) Cotton mill; (a) Salcsman. without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the Locomotive engineer, (b)

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicularia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. approved tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is loss definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY by Committee on Nomenclature of the Chronic valvular heart disease; Example: Measles etc. The contributory Always qualify all not be

Every item CIANS sho statement

(Address)

BINDING

RESERVED

MARGIN

No. 1 σĝ

	PLACE OF DEATH
	County Balto
Vil	llage or City Freeland (No.
	2FULL NAME Sarah Jane.
	PERSONAL AND STATISTICAL PARTICULARS
1	MARRIED WIDOWED. OR DIVORCEO (Write the word)
-	Sept. 28 , 1830
7/	19 yrs. 9 mos. 25 ds. or min.?
X	b) Coupation a) Trade, profession or Housework. b) General nature of industry b) General nature of industry b) usiness, or establishment in b) hich employed or (employer)
9 8	(State or country) Fralaud. Sud-
.:	10 NAME OF Staphen Freeland.
ENTS	OF FATHER (State or country) Sout Kerow.
PARE	OF MOTHER Elizabeth Leach.
	13 BIRTHPLACE OF MOTHER (State or country)

TRUE TO THE BEST OF MY KNOWLEDGE

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred In Ward) a hospital or institu-tion, give its NAME is stead of street and number.) MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Day) I HEREBY CERTIFY, That I attended the decensed from and that death occurred on the date stated above, The CAUSE OF DEATH # Contributory Secondary

Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal, 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In the

the Disease Causing Death, or, in

Where was disease contracted, if not at place of dea.h?.....

Former or usual residence

\*State

deaths from

(2) Whether

Injury and

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fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from work, or At Hame, and children, not gainfully em-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed. us At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Statianary fireman, etc. But in many tion applies to each and every person, irrespective of ," etc., Foreman, For many occupations a single word or term on yrs). Form laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesmon. without more precise specification as Day For persons who have no occupation (b) Automobile foctory. The material (b) Grocery;

Strtement of Cause of Death—Name, first, the DISEAN E (NUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Brouchopneumonia ("Pneumonia,")

"Traemia," "Weakness," etc., when a definite disease American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaennia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by roilway train-(secondary or intercurrent) affection need not be "Atrophy," "Collapse," "Coma," "Convulsions, perilonoeum, etc., Carcinoma, Sorcama, etc., of

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	SI- act	1PLACE OF DEATH	12189 STATE OF MARYLAND
	EX	County Ballo.	CERTIFICATE OF DEATH
	LΥ, I	81 1.6 2.1	Registration Dist. No.
CAN	M YOU	Village or City Janows Jour (No. Jones C 2FULL NAME Mrs Eva Rosina	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
7	tated	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NANEN	lid be s ay be p back of	Tenusla   4 COLOR OR RACE   5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH OF 26, 1930  (Month), (Day), (Year)
BINE	son l	6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from 9 1930 to Oct 25 , 1920.
S S	ACE	(Month) (Day) (Year)	that I last saw her alive on Oct 25, 1920,
D F	iled. ms so	73 yrs. 9 mos. 26 ds. or min.?	and that death occurred on the date stated above, at 3.15 A.m. The CAUSE OF DEATH * was as follows:
ERVE	supplin ter	(a) Trade, profession or particular kind of work	Orterios beleroses.
RES IG IN	efully In pla	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs 6 mos ds
FADIL	be ca EATH impo	9 BIRTHPLACE (State or country) Baltimon. Tud.	Contributory Muss carded failure Secondary Sudden (Duration) vs. mos de
MAM	OF D	10 NAME OF Ludwig Gfar.	(Signed) Louis M. Tollin M. D. Oct 26 1980 (Address) Saurous Pout met
WIT	ion st AUSE ION is	OF FATHER  (State or country)  (State or country)	*State the Lisease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
j	ormat ste C UPAT	12 MAIDEN NAME OF MOTHER — CURCHOUN  13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hespitals, Institutions, Trans- ients or Recent Residents)
0	f inf	OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
田田	houl nt of	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
WRIT	NS S.	(Informant) Joyn Guphards	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	CIA Btat	15 Filed LOV 27 1922 9 1 August 40	Oakleson Bronley 28/330 20 UNDERTAKER ADDRESS
C	23	Registrar	Land Stones we 1332 Harte

If more banks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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Statement of Cause of Death—Name, first, the Dis-EACE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"). Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "PUERPERAL seplicacmia," "PUERPERAL perilonilis, "Uraemia," "Weakness," etc., when a definite disease "E:haustion," "Heart raume, Old Age," "Shock, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. causing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Example: Measles (disease Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be ..... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi interstitial nephritis, Chronic etc. valvular heart discase; The contributory

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6

V. S. No. 1

N. B.

PLACE OF DEATH ,	02621 STATE OF MARYLAND
County DallunorE	CERTIFICATE OF DEATH
	Registration Dist. No. 30
Village or City Woodlawy (N. J. )	ward) (If death occurred in
No. 18	tion, give its NAME in-
2FULL NAME XI MUU / Se	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MADO NACE SNIGLE, MARRIED, WISOMEO, OR SIVOSCHOLE (Write wird)	16 DATE OF DEATH May, 1930.  (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Jan. 4, 186/	
(Month) (Day) (Year)	that I last saw h alive on 192,
7 AGE     If LESS than   I day hrs.	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
62 (yrs. 2 mos. / 5 ds. or min.?	
(a) Trade, profession or particular kind of worky	Cerebral Hemoulage
(b) General nature of industry	0
business, or establishment in farcuse which employed or (employer)	(Duration) yrs mos de,
9 BIRTHPLACE (State or country)	Contributory Secondary  (Durstion)  (Durstion)  (Durstion)  (Durstion)
10 NAME OF /	(Signed) Marshall B West M.D.
11 BIRTHEI ACE	march 21 19230 (Address) Catour De Vers
OF FATHER (State or country) thereases	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
a or motheraline Ceruler	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State of Country) ( ) lun land	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informany) / 12. Aletter V. Theler	usual residence
(Address) LOVELENDE XVIII	Forraine Cen May 22 1030
15 File 2/ 195 Alberta	20 UNDERTAKER
1 30 Col Pegistrar	Caston Dons deed ll
If more branks are needed to the Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery: (a) Foreman, (b) Automobile factory. The material state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Civil engineer, Physician, Compositor, Architect, tion applies to each and every person, irrespective of or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Stationary fireman, etc. Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Heart failure," "Alemorrange," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsyste" ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. For violent deaths state means of injury can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite, disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-(secondary or intercurrent) affection need not be ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions," perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; Chronic valvular heart , disease ; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently flied.

	PLACE OF DEATH	STATE OF MARYLAND
	County Balto:	CERTIFICATE OF DEATH
		Registration Dist. No. 50
v	illage or City Catous ville (No. Rolling	gx Old Frederick Roberd) (If donth occurred in a hospital or institute
	2 FULL NAME Christina Ge	rlach street and number.)
1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	Faurale White Single, Married, Wildowed.  OR DIVORCED (Write the word)	16 DATE OF DEATH. 22 nd 1930 (Month) (Day) (Year)
6	DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	(Month) (Day) (Year)	that I last saw h Ly alive on 10 22 , 19235,
7	AGE [If LESS than	and that death occurred on the date stated above, at
	77 yrs. / mos. // ds. or min.?	The CAUSE OF DEATH * was as follows:
1	OCCUPATION (a) I rade, profession or Housewife	Chrone's Valuelas Heart desease
K	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) / yrs. / mos. ds.
9	BIRTHPLACE (State or country) Germany	Contributory Secondary  (Duration)  Telegraphic Mosds.
	10 NAME OF Pater Korner	(Signed) Marshall Blosh M. D. D. 23 192 50 (Address) Catourusle Tugl
S F Z	OF FATHER	*State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
0 40		18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)  Germany	At place of deathyrs
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of deah?
	(Informant) E.O. Gerlach	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
-	(Address) Catous ville Md	Lorraing Emeters 12/26/, 10 30
1	5 Fild 1/2 p 1928 Allahalus	20 UNDERTAKER ADDRESS
-	Filed 193 Registrai	10 Cook 1217 St Haul St
1	If more banks are needed, addre.s tate Registrar	r, 18 W. Saratoga St., Balto., Lequesting V. S. i.o. 1.

11040

(Approved by U. S. Census and American Public Health Association.)

laborer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective cf tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (ref. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Househaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the laborer, Farm laborer, Laborer—Coal minc, etc. Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the husiness or industry, and therefore an Physician, Compositor, Architect, whatever, write None. to report specifically the occupations of persons enfirst line will be sufficient, e.g., Farmer or Flanter, sician, Compositor, Architect, Locomotive engineer, Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Cotton mill; (a) Salcsman, without more precise specification as Day (b) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal lifeter (the only definite synonym is "Epidemic cerebrose inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchoppeumonia ("Pneumonia,")

CRecommendations on statement of cause of death "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, st\_ted unless important. use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tclamus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases "Uraemia," "Weakness," etc., when a definite disease as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.; Y resulting from childbirth or miscarriage as Chronic valvular heart disease, Example: Measles (disease etc. The contributory Nomenclature not be

If this certificate is looked over thoroughly and all questions angwered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

No. 1

Z

	2 FULL NAME Undrew J. Ges
	PERSONAL AND STATISTICAL PARTICULARS
3 \$	Male White the word)  4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED (Write the word)
6 D	June 26, 1846  (Month) (Day) (Year)
7 A	GE   If LESS than   I day hrs.
() P () b	occupation a) Trade, profession or Retired Police Officer b) General nature of industry usiness, or establishment in which employed or (employer)
P (h	CCUPATION a) I rade, profession or articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer)
P (h	CCUPATION a) Trade, profession or Retired Police Officer b) General nature of industry usiness, or establishment in which employed or (employer)

### 0176 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 38

mau	St.:	Ward)	tion, give i	occurred is or institu- ts NAME in- street and
MEDICAL	CERTIF	CATE O	F DEATH	
16 DATE OF DEATH	Jan	A cath)	20,-(Day)	1930
	ERTIFY, T	hat I atto	nded the de	1986
that I last saw had a		Jas.		
The CAUSE OF DEATH  ATTEMATICAL  HEMISPEGIA	cleri	llows:	left.	ardda
Contributory A	(Dura	y a	,.3 Edem	5 de
(Signed) 3. P. Jan 20 1980	12x	caly	<i>f</i>	М. D
*State the Disca Violent Caus s, state Accidental, Suicidal or l	se Causing	Death.	or. in dea	tha from
18 LENGTH OF RESID		r Hospita	als, Institut	ions, Trans
At place of death yrsmos.		In the State	yrs	mosds
Where was disease contracts if not at place of death? Former or usual residence	ed,			
19 PLACE OF BURIAL O	0	tery!	Wed Jan ADDRESS	122 nd

If mora blanks are needed, address State Registrar, 16 W. Saratoga St., Balton Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

contion is very important, so that the relative health should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from en at home. who are engaged in the duties of the (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," 'Deal-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an Civil engineer. Stationary freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tircd 6 yrs). or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reetc., For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day Compositor, Architect, For persons who have no occupation -Coul mine, etc. Wom-Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

BUREAU

diseases resulting from childbirth or miscarriage as "PJERPERAL scplicaemia," "PUERFERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory" accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, causing Chronic interstitial nephritis, Whooping cough; carbolic acid-probably suicide. The nature of the injury, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., scpsis, American Medical Association.) Examples: Aecidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), by Committee on Chronic etc. The contributory affection nced not be valvular hoart disease, Nomenclature of the Always qualify all

If this certificate is a oked over thoroughly and all questions answered in defail, it will prevent further correspondence. . the data is essential and must be obtained before the certificate is permanently filed.

N. B.-Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classifled. Exact CORD LY, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE

V. S. No. 1

PLACE OF DEATH	13550 STATE OF MARYLAND
County Balto.	CERTIFICATE OF DEATH
	Registration Dist. No. 44
Village or City Sparrows Court No. 22	Ward) (If death occurred in
	a hospital or institu-
2FULL NAME Celizabeth	Section stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
Ternale Aliste (Write Word)	7200. 29 , 1950 (Month) 44 (Day) 42 (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
. 1865	12W 17 192 to 7N 39, 19136
(Month) (Day) (Year)	that I last saw hely alive on MM 34 , 1913.Q
7 AGE [If LESS than	and that death occurred on the date stated above, at
I dayhrs	1
6 7 yrsds. ormin.	
a) Trade, profession or	Chrone Myranalis
particular kind of work	
(b) General nature of industry business, or establishment in	(Duration) Missing da.
which employed or (employer)	Contributory Agril Inligition
9 BIRTHPLACE (State or country)	Secondary
I 10 NAME OF	(Durstigg) mos 7 ds.
FATHER Unknown	(Signed) A Missing A Mayor M. D.
0 11 BIRTHPLACE	XIN 30 1920 (Address) II floress family
OF FATHER Z (State or country)	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
TI MAIDEN NAME	
OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country)	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
mary Banks	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 2-25 # J. Johnson (	St. Stanisland Free, 1, 19 31
15 Filed Occ: 1 19230 John & Cornelly	20 UNDERTAKER ADDRESS
Filed Och 192 Strat J. Donnelly Registra	John S. Connelly Cessex
if more blanks are needed, address tate Registre	ar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. without more precise specification as Day For persons who have no occupation (6) Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train— American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY у cough; Committee on Chronic etc. The contributory affection need valvular heart Nomenclature Always qualify all not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	0177 STATE OF MARYLAND
County Baltimor	CERTIFICATE OF DEATH
County	Registration Dist. No. 30
Village or City Cotourello (No.	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME D'encilla W. J	telell, stead of street and mumber,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
Harried, Widowed on OR Divorced	(Month) (Day) , 192.30
(Write the word)	17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	1928, to Jun - 23, 1920.
May 18 ,840	that I last saw her alive on Jan - 23 , 1880,
(Month) (Day) (Year)	and that death occurred on the date stated above, at 10.30 P.
7 AGE If LESS than	The CAUSE OF DEATH & was as follows:
yrs. mos. S de or min.	lahololithissis -
8 OCCUPATION — de.lor min. ?	
(a) Trade, profession or particular kind of work	
(b) General nature of industry	2+
business, or establishment in which employed or (employer)	(Duration) 2 Tyte mos de,
9 BIRTHPLACE AAA	Contributory P + Am affair,
(State or country) Mass	Division (Duration) yz mos de.
10 NAME OF SILE ALCOO	(Signed) I flore form M. D.
mu stuck	Jan - 24 1930 (Address) Castonivelle
11 BIRTHPLACE OF FATHER	*State the Disease Causing Death or, in deaths from
II BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
18 BIRTHPLACE	ients, or Recent Residents)
OF MOTHER (State or country)	of death yrs mos da, State, yrs mos. da.
14 THE ABOVE IS TRUE TO THE BEST OF MA KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Victorial Posser	Former or usual residence
(Address) Caterix enlle	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Orighton Mass Helly 26 13
Filed 125 1921) Allandrease	29 TONDESTAKER THE PROPERTY OF
Registrar	My Muschell Von Entalt Jas
If more blanks are needed, address State Recistrar.	16 W. Saratoga St., Balto., Requesting V. S No. L

STATE OF MARYLAND



(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the biseass causing DEATH ployed, as At school or At home. Care should be taken whatever, write None. in 'd 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (regaged in domestic service for wages, as Servant, Cook, to report specifically the occ pations of persons endefinite salury). may be entered as Housewife, House. en at home. worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-(a) Foreman. (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; zhould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applied to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation Precise statement of ocetc., For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification who are engaged in the duties of the -Coal mine, etc. Wom-The material The ques-:: S Day

Rta-ement of Lause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerehrospinal fever (the only definite synonym is "Epidemic cerehrospinal meningitis"); Diphtheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia").

ment of cause of death approved by Committee on head of "contributory." (Recommendations on statequences (e. g., sepsis, tetanus) may be stated under the symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal myes, peritonasum, etc., Caroinoma, Sarcoma, etc., of Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or State cause for which surgical operation was under-"PUERPREAL septicuemia." "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion," "Heart failure." vulsions." stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men Poisoned by carbolic acid—probably suicide. The na. "Uraemla," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping cough; FOR VIOLENT DEATHS STATE MEANS OF INJUBI death), 29 ds.; Bronchopneumonia "Debllity" ("Congenital," "Senile," ctc.), Accidental drowning; Struck by railway Chronic valvular heart disease; Example: Measles Always qualify all "Соша." "Haemor-(merely (second-(disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspond ence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No.

HYSI-Exact

1PLACE OF DEATH	14674 STATE OF MARYLAND
County Ballmany	GERTIFICATE OF DEATH
	Registration Dist. No. 42
Village or City English County No. Danse 2FULL NAME John &	(If death occurred in a hospital or institution, give its NAME instead of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Widowed. Luight OR DIVORCED (Write the word)	16 DATE OF DEATH DEC 14, 19280  (Month) (Day) (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the decessed from
Oct 23 , 1950	age 14 1920 to Dec 14, 1923,0
(Month) (Day) (Year)	that I last saw h alive on 1920
7 AGE   If LESS than   1 day hrs.	and that death occurred on the date stated above, atm.  The CAUSE OF DEATH * was as follows:
yrs. mos. 2/ ds. or min.?	A state of parties was as to hows:
(a) Trade, profession or particular kind of work	Mus Prouchets
(b) General nature of industry	malfraa.
Which employed or (employer)	Contributory Onoullase
9 BIRTHPLACE (State or country)	Secondery
10 NAME OF	(Duption) yrs mos, ds.
FATHER John R. Libson	(Signed) M. D.
UN DIRTHPLACE OF FATHER Z (State of country)	
(State of country) Ballinson	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Mangaret E Kenner	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the of death yrs mos ds. State yrs mos ds.
(State or Country) Baltimore	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dee.h?
(Informant) John C. Lebron	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Adorosa) Dany & Century Cusi	Cedar Hill Cemetery 12/16/1,30
15 File Dee 15 193 Destratients	20 UNDERTAKER  - W Cook 1217 St Raulst Balto Mu

If more blanks are needed, addre. e Ltate Registrer, 16 W. Saretoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servani, Cook. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, nature of the business or industry, and therefore an state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day (b) Automobile factory. The material (6) The ques-Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosymod fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of death papproved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Hemorrhage," "Shock," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid State cause for which surgical operation was underatic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny "PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic etc. The valvular heart disease; contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every item of information should be carefully supplied AGE should be stated EXACTCY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD A PERMANENT MARGIN RESERVED FOR BINDING , WITH UNFADING INK---THIS IS N. B.

4. S. No. 1

PLACE OF DEATH County Baltimore	0178 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 3
Village or City Louisau (No. Prestyleruse	Mary of Mary St.; Ward) (If death occurred in a hospital or institu
2FULL NAME Sarah Eleanor	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Junal White the word)  4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. Bungle OR DIVORCED (Write the word)	(Month) (Day) (Yesr)
October 24, 1848	that I last saw her alive on Jan 30
7 AGE (Month) 3 (Day) 7 (Year)	and that death occured on the date stated above, at 11.35 A m.
8   yrs. 3 mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION  (a) Trade, profession or particular kind of work  A Howl	Premionia (Johan)
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs mos ds
9 BIRTHPLACE (State or country) Sulsell OD, Alw Jersey	Contributory Secondary  (Duration) yrs definition of the contributory
FATHER William Gebson	(Signed) Just Luceu M. D. M. D
OF FATHER  (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causas, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHERS MAIL Masterman	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country)	At place of deathyrsmosds. In the Stateyrsmesds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Records of Home	Former or usust residence
(Address) Lowson Ind	HALLS STORM MA THE 3. 1930
Filed Jan 31 190 (Am P. Butter of	Chas & Black 147 W. North ave
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Bultimore Med

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, c. g. Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Sevent, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Duy worked on may form part of the second statement. Never return 'Laborer,'" (Foreman," "Manager," 'Tealcases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken Foreman, or At Home, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman. For persons who have no occupation (b) Automobile and children, not gainfully emfactory. The material (b) Grocery; Wom-

Streement of Cause of Death—Name, first, the DIS-FASE CAUSING DEATH (the primary affection with respectto time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synchym is "Epidemic cercbrospinal meningitis"); Diphlheria (avoid use of "Croup"); "uphoid fever (never report "Typhoid Pneumonia"); "obsar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Mcasles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." earbolic acid-probably suncide. The nature of the injury, uccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Exhaustion, (secondary or intercurrent) affection need Chronie interstitial nephritis, use of "Tumor" approved by Committee on Nomenclature of the (Recommendations on statement of cause of death Whooping cough; American Medical Association.) Examples: Accidental drowning; Struck by railway train. "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY (name origin; "Cancer" is less definite; avoid ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, for malignant neoplasms); Measles; Chronie etc. valvular heart disease Always qualify all The contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH
(	County Ballewore
Vill	ago or City Catonnellero. C. Ofie
1	2FULL NAME COUS CIES
/	PERSONAL AND STATISTICAL PARTICULARS
3 5	M. 4 COLOR OR RACE 5 SINGLE, MARRIED, WIBOWED CR DIVORGE (Write the world)
6 D	(Month) (Day) (Year
7 A	ge 16 yrs. mos. de or min.?
) (b	Trade, profession or articular kind of work  O) General nature of industry usiness, or establishment in
	HRTHPLACE (State or country)
LS.	FATHER AND Holls  11 BIRTHPLACE OF FATHER
PARENTS	(State of country)  12 MAIDEN NAME OF MOTHER  Affairin  Tuling
	18 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TENE TO THE BEST OF MY KNOW EDGE
14	(Informant) (Address) 506 Rossitu AVE
1 .	Filed 6/26 1930 Alberty Registras
i	If more blanks are needed, address State Registrar,

05267 STATE OF MARYLAND CE

RIIFICALI	E O	r i	JEAI	Li
Registration	Dist	No	30	)

Ward)	a hospital	occurred in or institu- ts NAME in- street and

-	number.)
	MEDICAL CERTIFICATE OF DEATH
1	16 DATE OF DEATH May 26 5 , 19230 (Month) (Day) (Year)
2	I HEREBY CERTIFY, That I attanded the deceased from
5	that I ast saw halive on
n ı.	The CAUSE OF DEATH * was as follows:
7	Cerebral Hemontoge
•	(Duration) yrs. whose 10 ds.
-	Contributory Outres Solcions
	(Signed) Warshall B. Warsh M. D.
-	May 26.1923 (Address) Calouncille lug
	State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
_	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	At place of death yis 3 mos de. In the State 7 yrs mos de.
-	Where was disease contracted, if not at place of death?
	Former or usual residence
	Parker of Limitar May 28530
-	20 TONOTHY ANER ADOMESS
-	, 16 W. Saretoga St., Balto, Requesting V. S. No. 1
ar	10 W. Saletoka St., Darros, Reducating v. a. 110. 1

S. No.

WRITE

63





## UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

CERTIFICATE OF DEATH

fulness of various pursuits can be known. The quesworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocen at home, who are engaged in the duties of the tired 6 yrs). state occupation at beginning cfillness. If retired from gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Housewhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH. ployed, as Ai school, or At home. Care should be taken household only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is necesor At Home, and children, not gainfully em-Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The material -Coal mine, etc. (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-fever (the only definite synonym is "Epidemic cerebrospinial meningitis"); Diphtheria (avoid use of "Croup"; "pyhoid fever (never report "Typhoid Pneumonia"); obar pneumonia, Bronchopneumonia ("Pneumonia,");

inges, peritonacum, etc., Carcinoma, Sarcoma,, etc., e diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"Exhaustion, causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. (secondary or intercurrent) affection need not be Chronic interstil al nephritis, approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY Example: Measles (disease The nature of the injury, etc. The contributory valvular heart disease; Always qualify all Measles;

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 33 (If death occurred in ....Ward) a hospital or institution, give its NAME is number.)

DATE OF BURIAL

16 DATE OF DEATH Dec 26 , 192	30
(Moath) (Day) (Y	ear)
17 I HEREBY CERTIFY, That A attended the decease	d fron
may let 1920 . co Dec 2 by,	192.0
that I last yaw h/M alive on Dec 25 Mm,	
and that death occurred on the date stated above, nt	A m
The CAUSE OF DEATH * was as follows:	
100	1
Earcinomae of plada	1.1
o movemme	Constant
10.11	6.
(Duration) vis. 5 mos.2	To de
Contributory KNUW CANCING MAN	ros
(Dufstion) Just 5 mos	ds
(Signed) france I	M. D
12/26 1930 (Address) Cutthratann	md
*State the I'ls ase Causing Death, or, in deaths f Violent Causes, state (1) Means of Injury and (2) Who Accidental, Suicidal or Homicidal.	rem ther
18 LENGTH OF RESIDENCE (For Hospitals, Institutions,	Trans
ients or Recent Residents)	
At place of deathyrsmosds. In the Stateyrsmos	d
Where was disease contracted, if not at place of death?	••••••

If more banks are needed, addre.s atate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. Ko. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (o) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. ," etc., Foreman, (b) Automobile foctory. The material For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womyrs). without more precise specification as Day For persons who have no occupation 6 Grocery,

Statement of Cause of Death—Name, first, the DIS, EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) telanus) may be stated under the head of "contributory." carbolic acid-probably suicidc. The nature of the injury, accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant ncoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-Whooping cough; (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS STATE MEANS OF INJURY Committee on Nomenclature of the Chronic ruevus. Senhritis, etc. The contributory Always qualify all

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PLACE OF DEATH County Ballo	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Bonning, (No	St.: Ward)  St.: Ward)  GAGG  St.: Ward)  Gagge St.: St.: Ward)  Gagge St.: St.: St.: St.: St.: St.: St.: St.:
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SAINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)  6 DATE OF BIRTH  DLC 25t, 1957	16 DATE OF DEATH  (Month) [HDay) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from  1928, to 1928,
(Month) (Day) (Year)  7 AGE    If LESS than   day hrs.   or min.   or	The state of the s
a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) July mos 4 de
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME  12 MAIDEN NAME	Contributory Secondary  (Durstin)  (Signed)  (Signed)  *Staye the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or Country) Balta Ca Mad	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.  When we discuss contracted.
(Informant) MS, Jan. Estella Gill (Address) Bonney M. In Slady  Filed 200 5 19250 Nr. M. Slady  Registrar	Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  LA MAN GROVE  20 UN DEBTAKER  ADDRESS  ADDRESS  MILLIAN MI
If more highly are needed, address State Register	76 W. Savatore St. Balto Peguasting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a c," etc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved . by tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Nomenclature Chronic etc. The contributory valvular heart Always qualify all not be of the

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V. S. No. 1

PLACE OF SEATH	62622 STATE OF MARYLAND
County Callemon	CERTIFICATE OF DEATH
110 11 4	Registration Dist. No. 32
Village or City/26 Halfo. Thorne	Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME Florge M.	Illas prey stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 S/4 COLOR OR RACE SINGLE, MARRIES, WIDOWED. OR DIVORCED. OR DIVORCED. (Write the word)	16 DATE OF DEATH //wrch 30, 19338
DATE OF BIRTH 10 th 33 SUM	17 / I HEREBY CERTIFY, That I attended the decensed from
(Month) (Day) (Yydr)	that I last saw King alive on World 19, 1923 Q
7 AGE     fLESS than	and that death occurred on the date stated above, at 2 A m.
82 yrs. 4 mos. 26 ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION  (a) I rade, profession or particular kind of work	arcuma of Colon
(b) General nature of industry business, or establishment in	2
which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country) Daller 2008	Contributory Secondary  (Duration)  Vis. mos. ds.
10 NAME OF ( ) A L	(Signed) 6.6 Welsols . M. D.
FATHER POURT Gellaspey	med 21 1923 0 (Address) Pelcerell wo
State or country Sallemon	*State the Lisease Causing Peath, or, in deaths from Violent Causes, state (1) Meana of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER MURSOWN	18 LINGTH OF RUSIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents)  At place In the of death yrs
(State or County) (NEW TO THE PEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
& Manning	Former or usual residence
(Address 72 Seguera Av.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 3/22, 1930
Filed mcd 21 1920 & E. E. Directols Registras	Welliam Cook 1217 SE Paul
If more blanks are needed, addre.s tate Kegistras	r, 18 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective of fulness of various pursuits can be known. The quoscupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (rework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Grocery;

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise\_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal menin\_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), "Atrophy, "Senile," etc.), "Dropsy,"
"Debility" ("Congenital," "Senile," "Haemorrhage,"
"F.:haustion," "Heart failure," "Haemorrhage," diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. "(E.haustion," "Heart failure," "Haemorrhage, "
"(Inanition," "Marasmus," "Old Age," "Shock,"
"(Uraemia," "Weakness," etc., when a definite disease st\_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid approved by Committee on as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-(secondary or intercurrent) Whooping cough; American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; affection need not be Nomenclature of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Z

	nty Dallure -	80-90-00 Australia.	03982 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 4-2-
Villa	go or City Halat or fee	Gilbert Gillis	St; Ward) [It death occurred a hospital or institution of street and number of street and num
	PERSONAL AND STATIS	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 BE	x' COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  April Tue, 19 (Month) (Day) (Ye
7 AG	E 72 3	le 30 %, 1856 (Year)  It LESS that 1 day, hrs.  mos. 3 ds. OR mln.?	and that death occurred on the date stated above, at
wh	RTHPLACE (State or country)	hyland.	Contributory Metataseo - line aus Secondary  Metataseo - line aus Guration yrs. 4 mas
FATHER Samuel Gillis -  11 BIRTHPLACE OF FATHER (State or country) Scattand  12 MAIDEN NAME OF MOTHER OF MOTHER		Gillis -	(Signed)  (Signed)  (Address)  (Address)  (State the Dismass Causing Drawn or, is deaths from Violena Causes, state (1) Means of Injury; and (2) whether Accidental Suicidal or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BE	ST OF MY KNOWLEGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIS OR RECENT RESIDENCE) At place of death Byrs
	(Address) Hale	to fee - Med.	asual residence

[Approved by U. S. Census and American Public Health Association.]

of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer." etc., without more cian, Compositor, Architect, Locamotive engineer, Civil engineer, Stationary froman, etc. But in many cases, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiemployed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer For many occupations a single word or term on the business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons write None Statement of Occupation-Precise statement of occupa--Coal mine, etc. Women at home, who are engaged in (a) Salesman, (b) Grocery; (a) Foreman, (b) Aulo-For persons who have no occupation whatever, If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation). using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Tynhoid fever (never report "Typhoid pneumonia"); Lohar purermoria. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

J. S. M. Kutho

genital," rent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic rustum heart disease, Chronic interstitual "Tumor" for madement neoplasms); Measles, Whooping ges, peritonneum, etc., ('arcınoma. Sarcoma, etc., of surgical operation was undertaken. For violent deaths cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "H:emorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds., Bron-(name origin; "Cancer" is less definite; avoid use of head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or nomicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL perilonitis," etc. State cause for which birth or miscarriage as "Puenperal septichacmia," "Anaemia" on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telunus) may be stated suicide. The nature of the injury, as fracture of skull Struck by railway train-accident; Revolver "Coma," "Senile," etc.), "Dropsy," (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-"Exhaustion, wound of

If this certificate is tooked ever moroughly and all questions answered in detail, Hall Theyent firster correspondence. All the data is essential and chart be obtained before the certificate is periffically filed.

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PLACE OF DEATH  County Baltimore  Village or City Randallston P.O.  2FULL NAME Martha E. Gillie	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Cembe 24 th, 1920  (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE  If LESS that I day hre or min.	S. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) 2 yrs. mos. ds.
9 BIRTHPLACE (State or country) Walling Md.	Contributory Secondary  (Duration) yrs mos de
10 NAME OF Joseph.	(Signed) At When the M. D.
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  4	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents)  At place of death 2 yrs ds. State yrs ds.  Where was disease contracted,
(Informant) V. Waterham.  (Address) Campfull Road	Former or usual residence

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fremon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Furmer (regaged in domestic service for wages, as Screant, Cook to report specifically the occupations of ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed r." etc., Foremon, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Cotton mill; (o) Salesman, (b) Automobile factory. The materia For persons who have no occupation (a) the kind of work and also (b) the single word or term on (4) persons en-Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by (Recommendations on statement of cause of death use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicoemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Uruemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"Exhaustion, Whooping Examples: Accidental drowning; Struck by railwoy trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Debility" "Atrophy," "Collapse." "Coma," "Convulsions, perilonoeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, cough; "("Congenital," "Senile," etc.), "Dropsy, Committee on "Heart failure," "Haemorrhage, Chronic valvular heart discose; nephritis, etc. The contributory Nomenclature Always qualify all contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the plata is essential and must be obtained before the certificate is permanently filed.

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RECORD

PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT WRITE

V

Exect them of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. 8.

(Address) --

15

PLACE OF DEATH Bellunore

STATE OF MARYLAND 12130 CERTIFICATE OF DEATH

Registration Dist. No

liage or City Catousulle	(No. Ofil-	Home

Harland

St.;----Ward)

OF BURIAL OR REMOVAL

COLUMN State Registrar, 6 E. Franklin St., Ballo., Requestion V. S. No. 1.

[If death occurred io a hospital or Institution, give its NAME Instead

DATE OF BURIAL

	2 FULL NAME Robert Gilling	or street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s	ex 4 color or race 5 single, married, willowed, willowed, or or of will will word)	16 DATE OF DEATH Of 22 , 19130 (Month) (Day (Year)
6 D	CLC. 2/ ,1864  (Month) (Day (Year)	that I least asw h. Accordally son Del 18 19136
<sup>7</sup> A	GE   If LESS than   1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at 9 a.m. The CAUSE OF DEATH* was as follows:
(a	CCUPATION  Trade, profession, or Reliaced  Inticular kind of work Reliaced	Chronic valuatas Heart discon
bus	) General nature of industry, siness, or establishment in lich employed (or employer)	(Duration) 4 yrs. — mos. — ds.
98	(State or country) Palerson U.	Contributory
	10 NAME OF FATHER Llavid T. Gilly or	(Signed) harshall Blest, M. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country) Polerone U. C.	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT
PARI	OF MOTHER Elesa bette Hudgen	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) Wowve 4.4.	At place of death yrs, 3 mos. ds. State 30 yrs, - mos ds.
	(Informant) Mis" Rillie a Gillmor	Where was disease contracted, if not at place of death?  Former or usual residence.  Where was disease contracted, I was a second of the place of th

V: S. No. 1.

### REVISED UNITED STATES STANDARD - NO OMIGATION HTIM CERTIFICATE OF DEATH and vinegon of term it is in the control of term in the control of ter

DEALER IN COSTS

SUIGNIE HOT DEVENESH NISHAM

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. Physician, Compositor, Architect, Locomotive engineer, cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ili-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," ctc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

losis of lungs, meninges, peritongeum, etc., pneumonia"); Lobar pneumonia; Bronchopneumonia causing death (the primary affection with respect to "Croup";) Typhoid fever (never report "Typhoid brospinal meningitis"); Diphtheria (avoid use of term for the same disease. Examples: Ccrebrospinal time and causation), using always the same accepted ("Pneumonia," unqualified, is indefinite): Tubercufever (the only definite synonym is "Epidemic core Statement of cause of death-Name, first, the pisease Carcin

1930

oma, Sarcoma, etc., of ....... (name origin; "Canample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligmus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary); 10 ds. Never report injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc, when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Contributory." The contributory (secondary or intercurrent) (Recommendations on statement of

the certificate is permanently filed. tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before

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PLACE OF DEATH, County action	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or che parrowalink No. 208 4	Registration Dist. No.  St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH Feb. 2105, 19236  (Month) (Day) (Year)
6 DATE OF BIRTH  Fel. 2100, 134  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 ,
7 AGE   If LESS than   I day hrs.   or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
B OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry	Still Verwinfant
business, or establishment in which employed or (employer)  9 BIRTHPLACE (Nate or country)	Contributory Jemature Triba
10 NAME OF Walter & Gingher	(Signed) (Signed) (Signed) (Signed) (M. D. Tiek 2 2 1923 (Address) Spanwown
OF FATHER  Z (State or country)  12 MAIDEN NAME OF MOTHER  GENERAL STATEMENTS  A STATE	*State the l-iscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents)  At place in the of death yrs mos. ds.  Where was disease contracted,
(Informant) wace Singher	if not at place of dea.h?  Former or usual residence
(Address) Spanewoon  15 Filed Lev 27 1923 of Molormicam	po undertaker Address
If more b.anks are needed, addre.s tate Negistra	r, 16 W. Saratoga St., Balto., Requesting V. S. pp. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Collon mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or 'At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, g.ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physician, Compositor, Architect, report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The Locomotive engineer, (b) Grocery; material

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, "Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of death American Medical Association.) (ctanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as " Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid " "Weakness," etc., when a definite disease Chronic valvular heart disease; etc. The contributory Nomenclature of the

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	06463
PLACE OF DEATH	STATE OF MARYLAND
County Wallung	CERTIFICATE OF DEATH
/ Ma	Registration Dist. No.
Village or City fordlawn (No. Whrely	Vardeney 61: Ward Variable of Vintelland or Vintelland
2FULL NAME Affice List	tigh, glve Its NAME ii - stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale White Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH JULE 2 , 19230 (Month) (Day) (Year)
Flbruary 728, 1864	I HEREBY CERTIFY, That I attended the decomed from 1923 Oto June 2, 1930,
(Month) (Day) (Year)	that I last saw h h alive on fland, 1987 6
7 AGE  STORY  ST	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or Juvalue particular kind of work	Mijoeardiles
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Durstion) yrs. mos. ds.
9 BIRTHPLACE (State or country) Cauall Co my	Contributory Secondary Secondary 30 via mos de
FATHER Samuel M Geax	(Signed) Co Cor Mehols M.D.
M 11 BIRTHPLACE	June 2 1920 (Address) Francisco Miss.
Z (State or country)	*State the Lisease Causing Death, er, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Matilda Kettle	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER  M. d	At place of death yrs nos ds. State yrs nos ds.
(State or country)	Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Jashing A Marier	usual residence
(Address) Woodlaury mil	Smallwood Md. anota June 5, 19 30
Filed 6 3 1920 M. N. Buffgir	T. A. Sharrer Son Westminster md.
If more banks are needed, address State Registrar	r, 16 W. Saratega St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

ployed us At school, or At home. Care should be taken to report specifically the occupations of persons enwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Collon should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Physician, Compositor, etc., or At Home, and children, not gainfully em-For many occupations a yrs). For persons who have no occupation Farm laborer. Laborer-Coal minc, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the mill; Architect, (a) Salesman, single word or term on Locomotive engineer, (b) Grocery,

Statement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebros pinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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Supplementary
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as fractive of skull, and consequences (e. g., scpsis, teluvis) may be stated inder the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved by carbolic acid-probably sucide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al stated unless important. Whooping cough; Chronic Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., o and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary) (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mcn-Recommendations Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Association.) mittee on Example: Measles (disease etc. The contributory valvular heart disease; ent of cause of Nomenclature

If his contract is not cover that grhy and all questions an were indetail, it is prevent furth the respondence. All the day is essential and must be intimed order the certificate is permanently flied.

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PLACE OF DEATH County stated EXACTLY properly classified of certificate. PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. pe may be n back OR DIVORCED (Write the word) 6 DATE OF BIRTH that (Day) (Month) (Year) 7 AGE If LESS than I day hrs. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment inwhich employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) ō OF FATHER AUSI Z TIO (State or country) Ш Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 2 O PA state CCUP/ ients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER (State or Country) 0 0 Where was disease contracted, shoul if not at place of dea.h?.. Every item CIANS sho statement Former or usual residence. BURIAL OR REMOVAL

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME innumber.) MEDICAL CERTIFICATE OF DEATH (Day) I HEREBY CERTIFY, That Dattended the deceased from and that death occurred on the date stated above, at the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and (2) Whether 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-In the DATE OF BURIAL

BINDING

MARGIN

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, (b) Automobile factory. The For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery; material

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease "PUERPERAL seplicaemia," "PUERPERAL perilonitis, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traindiseases (secondary or intercurrent) Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as Chronic etc. The contributory affection need valvular heart disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every

S. No.

	County Dallo
Vil	lage or City Back Rover (No. Show
-	PERSONAL AND STATISTICAL PARTICULARS
3 5	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)
6 0	DATE OF BIRTH
	March 23, 1893 (Month) (Day) (Year)
7 A	If LESS than   I day hrs.
() p	a) Trade, profession or Loborer articular kind of work
#b	b) General nature of industry usiness, or establishment in which employed or (employer)
b	
b	usiness, or establishment in which employed or (employer)
9 E	usiness, or establishment in which employed or (employer)  SIRTHPLACE (State or country)  ONAME OF
ARENTS 6	SIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER
RENTS 6	IN NAME OF FATHER  (State or country)  IN BIRTHPLACE (State or country)  OF FATHER  (State or country)  I BIRTHPLACE (State or country)  OF FATHER  (State or country)  Alto. And.
PARENTS	SIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  OF MOTHER  14 MAIDEN NAME OF MOTHER  15 BIRTHPLACE OF MOTHER  16 MOTHER  17 MAIDEN NAME OF MOTHER  18 BIRTHPLACE OF MOTHER  19 MOTHER  10 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  11 BIRTHPLACE OF MOTHER  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER

Registration Dist. No. (If death occurred in Ward) a hospital or institu-tion, give its NAME is steed of street and number.) MEDICAL CERTIFICATE OF DEATH ATE OF DEATH (Month) (Day) (Year) I HEREBY CERTIFY, That I attended the deceased from .....192 ... to that death occurred on the date stated above, at ... CAUSE OF DEATH \* was as follows: (Duration) Contributory Secondary (Address) \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. ENGTH OF RESIDENCE (For Hospitals, Institutions, Transnts or Recent Residents) In the lace eath re was disesse contracted, ot at place of dea.h?.... l residence 20 UNDERTAKER

STATE OF MARYLAND CERTIFICATE OF DEATH

If more banks are needed, addre.s Ltate Registrar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise approximately etc., Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from (a) Foreman, (b) Automobile factory. The material whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. For many occupations a single word or term on mill; (a) Salesman, But in many (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"



use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Exhaustion," "Heart failure, maemormage, "Shock," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic Example: Measles (disease etc. The contributory affection need not be valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

### Every Item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANEN BINDING K FOR S UNFADING INK---THIS RESERVED MARGIN

PLACE OF DEAT	PLACE	OF	DEAT
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Boltimone



### STATE OF MARYLAND 03983 CERTIFICATE OF DEATH

EDMONDSON AVE.

Village or City Relay (No. Clarke Box 2FULL NAME Robert Edward Goets	a hospital or institution, give its NAME in
PERSONAL AND STATISTICAL PARTICULARS	
Male White Single or plus or p	MEDICAL CERTIFICATE OF DEATH  16 DATE OF DEATH  APR 2 1 1930, 192  (Month)— (Day)— (Year)
July 11.1928 , I. (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from April (2), 1930 to April 21, 1930 that I last saw h impalies on April 21, 1930
7 AGE  1 yrs. 9 mos. 10 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work.  (b) General nature of industry business, or establishment in which employed or (employer).  9 BIRTHPLACE (State or country) Baltimore Co.Md.	Contributory Plente Stelle Mudia
10 NAME OF FATHER Frank M.GOetz,  11 BIRTHPLACE OF FATHER (State or country) Baltimore Md.	(Signed) (Signed) M. D  April 32 1930 (Address) Talitario hid,  *State the Disease Causing Deeth, or, in deaths from Violent Caus. s, etate (1) Means of injury and (2) whether
12 MAIDEN NAME OF MOTHER Annie May Flayhart.  13 BIRTHPLACE OF MOTHER (State or country) Baltimore Md.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yis mos. ds. State yrs mos de State yrs for the place of death?
(Informant) Frank St. Svet (Address) Clock Blud Relay	Former or we was a rosidence.  19 PLACE OF BURIAL OR REMOVAL APR 23 1930  20 UNDERTAKER ADDRESS

If more blanks are needed, address Stata Registrar, 16 W. Saratoga St., Baltos, Requesting V. S. No. 1.

S. No. 1

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(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) cupation is very important, so that the relative health state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, House-Civil engineer, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Hausekeepers who receive a Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, or At Home, and children, not gainfully em-For many occupations a single word or term on yr8). Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many If the occupation has been changed -Coal mine, etc. Wom-Locomotive engineer,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia. Bronchopneumonia ("Pneumonia,"

> "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., el telanus) may be stated under the head of "contributory. carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or misearriage tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved as fracture of skull, and consequences (e.g., sepsis, can be ascertained as the cause. Examples: Accidental drowning; Struck by railway train. American Medical Association.) (Recommendations on statement of cause of death .... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condiinterstitial nephritis, etc. by cough; Committee on Chronic affection valvular heart Nomenclature of the The contributory Always qualify all need not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the cartificate is permanently filed.

	County				1355	CERTIFICA Registration	MARYLAND TE OF DEATH on Dist. No. 39
Vill		Ruxton Mu				Aves St: Wa	(If death occurred in a hospital or institu- tion, give its NAME in- stend of street and number.)
	PERSON	IAL AND STATIST	ICAL PARTIC	CULARS	MED	DICAL CERTIFICAT	E OF DEATH
3 6	Male	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORC (Write the we	Married	16 DATE OF DEA	November 20th	. 1980 , 192 (Yeer)
6 0	ATE OF BIR	Februar (Month	A	, 1 897 (Year)	that I last saw h	Lity allve on Ma	attended the deceased from  105 20, 1930,  1030,  ted above, at 220 0
(P) (P)	a) Trade, proporticular kin	ofession or Bor d of work Bor ature of industry stablishment in red or (employer)	d Broker	If LESS than I dayhrede. ormin.}	The CAUSE OF D	EATH was as follows	uprolesson
9 8	BIRTHPLACE (State or co	Baltin	nore Md.		Secondary	(Duration)	5/
RENTS	10 NAME C FATHER 11 BIRTHPL OF FATH (State of	Harry P. G	oldsborous aryland	gh	Signed) OLAS. 1. Told Date of the Causing Death, or, in dea Violent Caus s, state (1) Means of Injury and (2) Accidental, Suicidal er Homicidal.		
PARE	12 MAIDEN	HER Helena	McManus		18 LENGTH OF RESIDENCE lents or Recent Residents)		ospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or country) Maryland 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			At place of deathyrs	de.	n the Stuteyrsmosds.	
14	(Informant	Imabelle	H. Golds	borough	Former or usual residence	urial or REMOVAL	Nov. 22 . 19 30

If mora bianks are needed, addrosa State Registrar, 16 W. Saratoga St., Bulto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Mever return 'Laborer,""Foreman,""Manager,""Dealworked on may form part of the second statement. additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocfirst line will be sufficient, e. g., Farmer or Planter, etc., For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womyrs). without more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal forer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid ferer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory" "PJERPERAL seplicaemia," "PUERPERAL perilonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), inges, perilonaeum, etc., as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); American M approved by Committee on carbolic acid—probably smeide. The nature of theinjury, accident; Revolver wound of head-homicide; Poisoned by Examples: A coidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases "Inanition," "Marasmus, (secondary or intercurrent) affection need not be When ping cough; Chronic valuat heart disease; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death ..... (name origin; "Cancer" is less definite; avoid "Atrophy" "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY resulting from childbirth or miscarriage as ociati Carcinoma, Cuo. " "Old Age, " "Shock," etc. Nomenclature The Always qualify all Sarcoma,, etc., of contributory Measles ;

If this certifical is looked (or thoroughly and all questions answered in deal will prevent air her correspondence. the data is essential and most be subtlined before the certificate is permanently filed.

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V. S. No. 1

6	1	d. Exa
	CORD	ed EXACTLY perly classifie prtificate.
MARGIN RESERVED FOR BINDING	WRITE A.LY, WITH UNFADING INKTHIS IS A PERMANENT ECORD	N. BEvery Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYS CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exastement of OCCUPATION is very important. See instructions on back of certificate.
<b>(</b>	E ALY,	ould state Could State
	WRITI	N. BEvery Item CIANS sha statement

# to

PLACE OF DEATH  County BALTIMORE  Village or City HARBOR VIEW (No. 520)  2FULL NAME GOODE	OS964 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH August 8-1930 , 192
AUGUST 8-1930 1	Aug. 8 -1930 192 to Aug. 8-1930 192 that I last saw h alive on Aug. 8-1930 192 ,
AGE  If LESS than I day hrs.  OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	and that death occurred on the date stated above, at
DESCRIPTION OF STATES OF S	Contributory Secondary  (Duration)  yrs
12 MAIDEN NAME OF MOTHER ROSE Betka.  13 BIRTHPLACE OF MOTHER (State or Country) Baltimore, Md.  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death
(Informant) Bailey Goode	Former or usual residence

520 - 48th Street (Address) Registrar Filed

AUG 9. 1930 ADDRESS 404 Rasang

If more banks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) tired 6 yrs). state occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionory fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womnature of the husiness or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Foreman, For many occupations a single word or term on (b) Cotton mill; (a) without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation in the kind of work and also (b) the Salesmon. (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," American Medical Association.) (Recommendations on statement of cause of carbolic acid-probably suicide. The n-ture of the injury, occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. as fracture of skull, and eonsequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart diseose; etc. The contributory ," "Convulsions, Meastes;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH County Ballmore	STATE OF MARYLAND CERTIFICATE OF DEATH
	7	Registration Dist. No. 3
care	Village or City Invson. (No. 200 Lui	TGOYACOTT Ward) (If deeth occurred in a hospital or institution, give its NAME is stend of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5	S SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
20.00	Mule White MARRIED, Married.  Mule White Wildowed.  OR DIVORCED (Write the word)	(Month) (Day) (Year)
0 00 0	6 DATE OF BIRTH OCTUBEY 14 1847	17 I HEREBY CERTIFY, That I attended the deceased from Octuber 23 1920. to December 19, 1920
	(Month) (Day) (Year)	that I last saw h un alive on 1 econ be 19 , 192 0
5	7 AGE (1 - If LESS than	and that death occurred on the date stated above, at 100 pm.
2116	yrs. 2 mos. ds. or min.?	
	yrsmosds. ormin.?	a 1 1 1 1
200	(a) Irade, profession or he hied agriculturest.	Cerebral Hammalays
	(b) General nature of industry business, or establishment in	(Duration) yrs 2 mos ds,
9	which employed or (employer)	11 - (1)
odu	9 BIRTHPLACE (State or country) Munifound.	Contributory Secondary (Duration)
ery	10 NAME OF GALLO	(Signed) / Oellman M. D.
30	o 11 BIRTHPLACE	1) of 19 192 (Address) 1 onson 119
2	Z (State or country) Maryland	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
7	of Mother Un gelina Holland	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
2	13 BIRTHPLACE OF MOTHER (State or Country)  (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
-	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, it not at place of dea h?
	M. 1 R. Gadin	Former or usual residence
9	(Informant)	19 PLACE OF BURIAL OR REMOVAL
200	(Address) / Los Luden Jer. Torsen	o opectful com does 2, 1930
ā	Filed Del 19 1930 Mr. P. Butter	20 UNDERTAKER ADDRESS
	Nege .	16 W. Saratoga St., Balto., Requesting V. S. No. 1.
	If more blanks are needed, address tiate Kegistraj	A to its paratoka peri paratos iredanstriik it pi

### REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g.. Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many tion applies to each and every person, irrespective cf fulness of various pursuits can be known. The queseupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from er," etc., without more record mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. additional line is provided for the latter statement; it Statement of Occupation-Precise statement of oeor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealnature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day

s. inal menin itis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same dise.se. Examples: Cerebrospina EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis-Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> st.ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Nomenclature of the tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, "Inamition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Caneer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY Chronic etc. The contributory affection need not be valvular hcart disease;

If this certificate is looked over thoroughly and all qu stions data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence.

permanently filed.

X		, PHYSi- od. Exact
1	THIS IS A PERMANENT ECORD	plied. ACE should be stated EXACTLY, PHYSirms so that it may be properly classified. Exact instructions on back of certificate.
ÜZ	NENT	plied. ACE should be stated EXAC. rms so that it may be properly classinstructions on back of certificate.
ED FOR BINDING	PERMA	st it may
FOR	IS IS A	ed. ACE
E	王	In

ilicato.	Village or City Reislesslow (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3 3  St.: Ward) (If death occurred in a hospitual or institution, give its NAME in stead of street and number.)
100	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
statement of occurrence is very important. See instructions on pack of c	Male white Single, Mildowed or DIVORCED (Write the word)  5 SINGLE, MARRIED, Mildowed or DIVORCED (Write the word)  5 DATE OF BIRTH	(Month) (Day) (Year)  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 that I last saw h
	(Month) (Day) (Year)  7 AGE    If LESS than   I day hrs.   or min.?  8 OCCUPATION (a) Trade, profession or particular kind of work   Returned   Hammer	and that death occurred on the date stated above, at
	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs mos ds  Contributory Secondary
	(State or country) Ballo Co MCI  10 NAME OF FATHER John H Gove	(Signed) Duration) The most de M. D. (Signed) 192 (Address) A Date (Address) M. D.
	OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or Country)  (State or Country)  (State or Country)	*State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death
	(Informant) Pro Jabel Alley (Address) Rushingan Md  Filed Lac 14 1923 & Jarrel Ses	where was disease contracted, if not at place of dea.h?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS  ADDRESS
	Registra	6 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never rcturn "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Housemaid, etc. If the occupation has been changed ,, etc., Foreman, For many occupations a especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation single word or term on (6) Grocery;

Statement of Cause of Death—Name, first, the DEATE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

American Medical Association.) tetanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (mercly symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronehopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; etc. The Nomenclature of the contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

So.

	PLACE OF DEATH				
PLACE OF DEATH  County  Village or City  Village or City  PERSONAL AND STATISTICAL PARTIC  3 SEX  4 COLOR OR RACE  B SINGLE.  MARBIED  MAR					
	112				
Vi	llage or City Kugsnell (No				
1	2 FULL NAME augusta Quin				
PERSONAL AND STATISTICAL PARTICULARS					
3:	SEX 4 COLOR OR RACE 5 SINGLE.  MARRIED.  WIDOWED.  OR DIVORCED (Write the word)				
6	DATE OF BIRTH				
	$\frac{1868}{\text{(Month)}}$				
7 /	If LESS than I day hrs. or min.?				
X B	b) Ceneral nature of industry  visiness, or establishment in  vhich employed or (employer)				
9 BIRTHPLACE (State or country)					
	10 NAME OF Charles & Sunling				
NTS	11 BIRTHPLACE OF FATHER (State or country)				
PARE	of Mother Mary E. Perdue				
	13 BIRTHPLACE OF MOTHER (State or Country)				
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOW  (Informant)  (Address)  (Address)					
	min to a mil				
-	(Address) Myssille Mid (				
	PARENTS 6				

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 40

nlin Goronch	ard) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)	
MEDICAL CERTIFICAT	E OF DEATH	
16 DATE OF DEATH Fish	8 , 1930	
(Month)  17 I HEREBY CERTIFY, That I	attended the deceased from , 195 ,	
that I last saw h alive on and that death occurred on the date st	to 10 , 192 U,	
The CAUSE OF DEATH was as follows	:	
Secondary	vrs mes de	
The 8 1984 (Address) 744	puele md.	
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
18 LENGTH OF RESIDENCE (For Ho	ospitals, Institutions, Trans-	
At place of death	the Stateds.	
Former or usual residence		
St Johns, P. E. Chur	1	
20 UNDERTAKER	ADDRESS ON A	





(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emwhatever, write None. For many occupations a single word or term on For persons who have no occupation

Strtement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"(E:haustion," "Heart failure," "Haemorrnage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as telanus) may be stated under the head of "contributory." State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n. ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJULY (name origin; "Cancer" is less definite; avoid cough; Chronic valvular heart disease; etc. The contributory

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V. S. No.

1 X . . .

PLACE OF DEATH	13553 STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH
	Registration Dist. No. 44
Village or City(No(No	B. L. B.
2FULL NAME Clara, Ann, Gosling	St:: Ward)  (If deeth occurred in a hospital or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED, Married OR DIVORCED (Write the word)	16 DATE OF DEAL OF DESIDER 15, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Novembe 22, 1889	
(Month) (Day) (Year)	that I last aaw halive on, 192
7 AGE [If LESS than	the state of the s
36 yrs. 1 mos. 23 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Acute Miocarditis.
***************************************	
(b) General nature of industry business, or establishment in	(Duration) yrs mos de
which employed or (employer)	
9 BIRTHPLACE (State or country)	Contributory Secondary
England I 10 NAME OF	(Duration)drsds
FATHER William Edmonson	(Signed) M / Jelolos tor new
11 BIRTHPLACE	192 (Address) Affermous Grant "
Z (State or country) England	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER Elesebeth Edmonson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country) England	of death yrs mos ds. State yrs mos de
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Charles Gosling	Former or usual residence
I2I5 Forrest Road.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Pall Lawin Cemetery Hovente 19,30
15 File Nov. 18 1923 a 41 Attermore m	La UNDERTAKER ADDRESS.
If more banks are needed, address State Registrer	, 16 W. Seratoga St., Balt., Requesting V. S. No. 1.
M	. 1

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealr," etc., For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic derebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"('E.haustion,')" "('Heart laliume, ')" "('Inanition,')" "('Marasmus,')" "('Old Age,')" "(Shock,')" "('Iraemia,')" "(Weakness,')" etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The n ture of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all ..... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY American Medical Association.) Recommendations on statement of cause of death peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart disease; Example: Measles (disease etc. The contributory Measles;

If this certificate is looked over thoroughly and a'l qu stions abswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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N. B.--

V. S. No. 1

1PLACE OF DEATH	03984 STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH
	Registration Dist. No. 38
Village or City Sparks (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME Elizabeth S. Gover	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. Single White Widowsch. OR OIVORCED (Write the word)	16 DATE OF DEATH COMMENT (Month) (Day) (Year)
September 17 , 1863  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  192 192 10 192 1
7 AGE  66 yrs. 6 mos. 19 ds. or min.?  8 OCCUPATION (a) Trade, profession or none particular kind of work	The CAUSE OF DEATH & was as follows:
(b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country) Baltimore, Md.	Contributory My Cardilis Secondary
10 NAME OF FATHER Henry T. Gover	(Signed) Duration yrs 6 mos ds.  (Signed) M. D.  192 (Address) 2/0 & The day of
OF FATHER Va.  (State or country)  12 MAIDEN NAME	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Ann Eliza Gardner  13 BIRTHPLACE OF MOTHER (State or Country) Baltimore, Md.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds.
(Informant) Mary G. Gover	Where was disease contracted, if not at place of dea.h?  Former or usual residence #0.7 & 3.0 th. B. Butto : 116.
(Address) Sparks, Md.  15 Filed File J. 1920 J. Bulles Registrar	Lorraine Cemetery Apr. 68. 1930  20 UNDERTAKER ADDRESS JOHN O. Mitchell & Sons 1900 Eutaw Pl

(Approved by U. S. Census and American Public Health Association.)

laborer, state occupation at beginning of illness. If retired from Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engincer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Physician, For many occupations a single word or term on Compositor, For persons who have no occupation Stationary fireman, etc. But in many Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

> telanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid Whooping Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic etc. valvular heart disease; The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

statement

80

S. No. 1

	PLACE OF DEAT	TH ,		
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### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.:	Ward)	(If death a hospital tion, give I stend of number.)	ts NAMI	titu-

MEDICA	L CERTIFICATE	OF DEATH	
16 DATE OF DEATH	aug	26-	1020
		(Day)	13.20 (Year)
17 I HEREBY	ERTIFY, That I'm	ttended the de	
Cuo 26.	ERTIFY, That Ja	ug 26th	1988
that I just oaw h im			
and that death occured	d on the date state	d above, at	
The CAUSE OF DEATH	f * was as follows:		
Moupin	Q D	**********************	**************
/////	J cougic		***************
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18 LENGTH OF RES		pitals, Institut	tions, Trans
At place of death yra mo	ln t	he tateyrs	mosd
Where was disease contra if not at place of death?		••••	
Former or usual residence	•••••	· ====================================	
19 PLACE OF BURIAL	OR REMOVAL	DATE OF	BURIAL
Trace M. E. Chur	of Comeling	aug 28	1930
20 UNDERTAKER	0	ADDRESS	
Charle our Gran	(+011- 101:1	1 (Rojaland	- R. Z. D M

(Year) [If LESS than I day hrs.

or \_\_\_\_min.?

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Greecey; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) en at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative lealth tired 6 yrs). state occupation at beginning of illness. If retired from to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken sary to know (a) the kind of work and also (b) the Civil engineer, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, ("not: definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return 'Laborer,'" (Foreman," "Manager," "Deal-Physician, Compositor, Architect, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. Locomolive engineer, But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "yphoid fewer (never report "Typhoid Pneumonia"); Lisbar pneumonia, Bronchopneumonia ("Pneumonia,"

> discases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "(Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarconu,, etc., of "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 23 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, curbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be approved by taken. For violent deaths state means of injury American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train .... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; Committee on Chronic etc. valindar heart Nomenclature The contributory discuse;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A. I the data is essential and must be obtained before the certificate is permanently filed.

BINDING

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Q.	13 BIRTHPL	ACE	03	7-	0	-
	OF MOTH	country)	2	re	Van	a.

05263 STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No. 42

R	stend of street and number.)
	MEDICAL CERTIFICATE OF DEATH
,	16 DATE OF DEATH MOL 24, 119 6 (Month) (Day) (Year)
=	17 I HEREBY CERTIFY, That I attended the deceased from May 4, 1920. to May 24, 1928
an	and that death occurred on the date stated above, at 530 Am.
. s.	The CAUSE OF DEATH, was as follows:
4	Chr. Yahula Hay Descre
****	(Duration) yrs
	Secondary
	(Signed) 7 M-Q Jh Cus M. D. 24, 1920 (Address) 190/ Guffin Ce
	*State the Disease Causing Death, or, in deaths from Violent Causas, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	At place of death yrs mos ds.
	Where was disease contracted, if not at place of death?
	Former or usual residence
	Eathernal Esim. 5-27, 1936
e	DEMANDERTAKER C Harle 1000 & Pacus

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

D) ż 15

(Approved by U. S. Census and American Public Health Association.)

should be used only when record. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery, (a) Foreman, (b) Automobile Jactory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary foreman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very im ortact, so that the relative health state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Nanager." "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. household only (not paid Louscheepers who receive a to report specifically the occupations of persons en-Housemuid, etc. If the occupation has been changed e1 .. For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial emplo; ments, it is necesyrs). Form beborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Locomolive engineer, The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid, Jever (never report "Typhoid Pneumonia"); Lober pneumonia, Bronchopneumonia ("Pneumonia,");

atic), "Atrophy." "Collapse," "Come," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," stated unless important. Example: Measles (disease "PJERPERAL septicaemia," "PUERPERAL perilonitis, " Uraemia, tions, such as "Asthenia," "Anaemia" Imerely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, menletanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as ean be ascertained as the cause. (secondary or intercurrent) affection need not be Whooping cough; . . . . . (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway train 'Exhaustion,'' "Heart failure,' "He hemorrhage," 'Inanition,'' "Marasmus," "Old Age," "Shock," American Medical Association.) Recommendations on statement of cause of Never report mere symptoms for terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY interstitial nephritis, etc. " "Weakness," etc., when a definite disease Chronic Carcinoma, Sarcoma,, valvular heart disease; Always qualify all The contributory Measles etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S No.

County Baltinost Village or City Catonwillo. Apring E	CERTIFICATE OF DEATH  Registration Dist. No. 30  Registration Dist. No. 30  Ward) a housital or institute
2 FULL NAME Pauline Gran	Ward)  (If d-ath occurred in a hospital or institution, give its NAME instend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White SINGLE, MARRIED,	16 DATE OF DEATH 2 , 1980 (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day), 1880  (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 2 15 1 1926. to February 1920 that I last saw here alive on February 1920
7 AGE    Stanta   Sta	and that death occurred on the date stated above, at A.m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Cerebral Embolish  (Duration) yrs. mos / ds.
10 NAME OF FATHER Deph Defina	Contributory Secondary  (Durstion) 5 yrs. mos. ds.  (Signed) Polit E Garalt M. D.  Fely 2 1930 (Address) On formal le
OF FATHER  Z (State or country)  12 MAIDEN NAME)	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER CALLETING Chenoa  13 BIRTHPLACE OF MOTHER (State of Country)  Abale	At place of death yrs mos. ds.  Where was disease contracted,
(Informant) Frank Granle	Former or usual residence 3 \$\overline{9}\tag{8} Clarena A \overline{9}\tag{9}\tag{9}
(Address) 39/8 Claster and 21	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERVAKER  ADDRESS  ADDRESS  ADDRESS
Registras	, 16 W. Saratoga St. Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fuiness of various pursuits can be known. The quescupation is very important, so that the relative healthtion applies to e ch and every person, irrespective ch Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken to report specifically the occupations of persons onshould be used only when needed. As examples: (4) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g. . Farmer or Flanler, whatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Physician, Compositor, Architect, r," etc., Foreman, For many occupations a especially-in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the Salesman. single word or term on -Coul minc, etc. Wom-Locomolive engineer, (6) Grocery

Statement of Cause of Death—Name, first, the DISEACE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); I sphoid fever (never report "Typheid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), st.ted unless important. Example: Measles (disease "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. can be assertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakhess," etc., when a definite disease "E.haustion," "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E. haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephrilis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as (secondary or intercurrent) Whooping cough; approved (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS STATE MEANS OF INJULY by Committee on Nomenclature of the Chronic valvular etc. The contributory affection need Always qualify all heart disease; not be

If this certificate is looked over-thoroughly and all qu stions answerd in detail, it will present furth a chrespondence. All the data is essential per mass beloggithed before the certificate is permanently sted.

V. S. No. 1

PLACE OF DEATH County Baltimore	02623 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 8
Village or City Towson (No. 209 Cour	tion, give its NAME in
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, Widowed (Write the word)	16 DATE OF DEATH Morch 9 h, 1930  (Month) (Day) (Year)
March 16, 1855  (Month) (Day) (Year)	that I las saw h Malive on Make q h 1920
7 AGE	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work	Caremona of breach.
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs , mosds.
9 BIRTHPLACE (State or country) Maryland  10 NAME OF FATHER Carlton T. Brown	(Signed) Daniel of M. D. Daniel M. D. M. D
OF FATHER (State or country)  Maryland  AND AND NAME	*State the Pissase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Elizabeth Kisteau  13 BIRTHPLACE OF MOTHER (State or Country)  Maryland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transionts or Recent Residents)  At place of deathyrs
(Informant) The BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Address)/4/2 Botton St. Buet. Inl.	Profeed-Hell Con Mar. 12, 193
15 Filed Mch 10 1930 Jul Buther of	July Burs Sono Tours
If more blanks are needed, addre. state Registrar	, W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) nature of the business or industry, and therefore an fulness of various pursuits can be known. The queswhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Call minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement.
Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Oceupation-Precise statement of oc-Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Colton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation Stationary firemon, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease as fracture of skull, and eonsequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (seeondary) stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway train-State eause for which surgical operation was under-(seeondary or intercurrent) American Medical Association.) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJULY (name origin; "Cancer" is less definite; avoid cough; Chronic etc. The contributory affection need valvular heart disease; Nomenclature of the not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) or given up on account of the DISEASE CAUSING DEATH, en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken to report specifically the occupations of persons en-Foreman, O. especially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm laborer, (b) Cotton mill; (a) Salesman, (b) Grocery; At Home, and children, not gainfully ein-For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal s; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Exhaustion," "Heart failure,
"Inanition," "Marasmus," "Old Age," "Shock,"
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If this certificate is looked over theroughly and a'l questions abswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

	05269	
PLACE OF BEATH	0000	STATE OF MARYLAND
County Daylo	60	CERTIFICATE OF DEATH
	77-0	Registration Dist. No. 33
Village or Cit Owings Mills (No.	Ma	St.: Ward) (If death occurred in hospital or institu-
2 FULL NAME Kalhenine	Tray	tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDIC	CAL CERTIFICATE OF DEATH
Fundle Color OR RACE SINGLE, MARRIED, MIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH	(Month) (Day) (Year)
Dec 19, 1929  (Month) (Day) (Year)	May 304	YCERTIFY, That I attended the decorated from 1930 to ff and 3 fm, 1923
7 AGE  yrs. 25 mos. 28 ds. or min.?	and that death occur. The CAUSE OF DEA	irred on the date stated above, at
a occupation (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Brown	(Duration) L. Lyre. C. mos. 6.de.
9 BIRTHPLACE (State or country) Ball (4 md	Contributory Secondary	Quality to mon do.
11 BIRTHPLACE OF FATHER (State or country) Batto Cc Md	*State the I	(Address) Death, et, in deaths from that (1) Means of Injury and (2) Whether or Homicidal.
12 MAIDEN NAME Cochea Paure  OF MOTHER Cochea Paure  13 BIRTHPLACE OF MOTHER (State or country) Batta	iants or Racant R At place of death yrs	mosds. In the mosds.
(Informant) Ceclice Jacy  (Address) Owners Mells Ma	Where was disease con if not at place of der Former or usual residence	AL OR REMOVAL DATE OF BURIAL
Filed Jane 2, 19235 J. M. Sladle Ragistras  If more branks are needed, address tate Registra	20 UNDERTAKER	in Render July
If more banks are needed, addre-s Ltate Kegistra	r. Ab W. Saratoga St.,	Datto, Requesting v. S. 1vo. 1.





(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it business. that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will he sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Housenuid, etc. If the occupation has been changed Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs . Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia

Statement of Cause of Death—Name, first, the DIS-EASE (\*\*VUS:NG DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Deblity" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by roilway train. or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (sccondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY Chronic etc. The contributory valvular heart Always qualify all not be disease;

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N. B

PLACE OF DEATH			13554		OF MARYLAND		
C	County B	altimore 5		The second	90		ATE OF DEATH
Vill	/	Merridale				ad st;	Ward)  (If denth occurred in a hospital or institution, give its NAME instead of street and number.)
3	PERSON	IAL AND STATIST	CAL PARTIC	ULARS	ME	DICAL CERTIFIC	ATE OF DEATH
120	emale	4 color or race White		Married	16 DATE OF DI	Novemb	
6 D	ATE OF BIR	De c em	ber 26	, 1861 (Year)	that I last saw	her alive on	Love 6 4, 1920.
7 A		68 yrs. 10	, , , , , , , , , , , , , , , , , , , ,	If LESS than	The CAUSE OF	DEATH & was as fol	stated above, at 4. 50 A.m.
p (I b	b) General na usiness, or e which employed IRTHPLACE (State or c	ture of industry stablishment in ed or (employer)A	7.		Contributory Secondary	Mrs. Way 12	n)
NTS	10 NAME OF FATHER OF FAT	charle	y, Ill.	uff			M.D. 221 Edmondson Ave. Death, or, in deaths from of injury; and (2) whether
PAREN	12 MAIDEN OF MOT	7 37 4 34 97	rine Min	ch	Accidental, S	ulcidal or Homicidal RESIDENCE (For	Hospitals, Institutions, Trans-
www	Translationary Translation	or country) Ger	many	CONTRACT DISCONNECTION	At place of death yrs Where was disease	mos. da.	In the 12 State,yrsmos da.
14 7	(informant)	Miss Verna		OWLEDGE	if not at place of dea Former or usual residence	th?	
15	(Addre	7 13.54	MA	Registrar	Lorraine	8 (0010	Nov. 10 ,19 30
		f more blanks are no	eded. Address S	tate Registrar.	16 W. Saratoga	St., Balto., Requesti	ng V. S. No. 1.

### ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Day state occupation at beginning of illness. If retired from tired 6 yrs.). business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing DEATH, ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emwhatever, write None. Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engage! in the laborer, Furm laborer, Laborer-Cual mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Sulesman, (b) Crocery; additional line is provided for the latter statement; it cases, especially in inclustrial employments, it is necesnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Plantor, Civil engineer, Stationary fremen, etc. But in many tion applies to each and every person, irrespective of cupation is very-important, so that the relative healthfulness of various pursuits can be known. Statement of Occupation - Precise statement of oc-For many occupations a single word or term on For persons who have no occupation If the occupation has been changed duties of the The material The ques-

Typhoid fever (never report "Typhoid pneumonia") spinal ineningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Lobar" pneumonia, Bronchopneumonia fever (the only definite synonym is "Epidemie cerebroto time and causation), using always the same accept-Statement of Cause of Death-Name, first, the DIS. ("Pneumonla,"

> head of "contributory." Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (e. g., scpsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; and qualify as accidental, suicidal, or Homicidal, or Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL 8cp; icacm.a.""PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes:" etc., when a definite disease rhage," "Inanition." "Murasmus," "Old Age," "Shock," "Dropsy," "Exhausticn," "Heart failure," "Haemorvulsions," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. stated unless important. causing death), 29 ds.; Bronchopneumonia (second-Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Surcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or Intercurrent) affection need not be Whooping cough; Chronic valvular heart discase; ...... (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal (Recommendations on state-Example: Meastes (disease (merely,

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16 DATE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME II -stead of street and Ward)

..20

number.)

### MEDICAL CERTIFICATE OF DEATH

	, 1920
(Month	h)(Day) (Year)
JA HEREBY CERTIFY, The	at attended the deceased from
hat Mast saw bur affive on ac	& H, 1930
nd that death occurred on the date	
he CAUSE OF DEATH * was as followed	
Corouary	Reclusion
1,	
(Duration	n) yrs. mos 2/ de
	Seleioses
Detaio	n) dellemoning
Signed) . Hulffel	OI A ST MAD
Oct 12 1950 (Address)	Zandon ell
*State the I is ase Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.	Death, or, in deaths from of Injury and (2) Whether
B LENGTH OF RESIDENCE (For ients or Recent Residents)	Hospitals, Institutions, Trans
t place f deathyrsmosds.	In the Stateyrsmosds
Where was disesse contracted, not at place of dea.h?	PROFESSION
ormer or sual residence	
PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL

If more blanks are needed, addrols Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs. household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housebusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. additional line is provided for the latter statement; it whatever, write None. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed. us At school, or At home. Care should be taken work, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when necded. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quesen at home, who are engaged in the Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oction applies to each and every person, irrespective of .,, etc., Foreman, (b) Automobile factory. The material engineer, Stationary fireman, etc. But in many For many occupations a Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as For persons who have no occupation single word or term on Locomotive engineer, duties of the (b) Grocery;

Strtement of Cause of Death—Name, first, the pist Earl Cruising Death (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal-fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bropshopneumonia ("Pneumonia,"

(ctanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.:haustion," "Heart failure," "Haemorrhage," stated unless important. American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUIGIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Nomenclature of the

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PLACE OF DEATH.	03985 STATE OF MARYLAND
County/13/11/lmol	CERTIFICATE OF DEATH
111100	11 Registration Dist. No. 38
Village or City / Mo (No. 704 0)	St: Ward) (if death occurred in a hospital or institu-
2 FULL NAME Plorence a. I.	tion, give its NAME Instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fem of While Single, Marriell or Divorced (Write the word)	16 DATE OF DEATH   pril 2   , 192 ) . (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) , 1 (Year)	17 [ HEREBY CERTIFY, That I attended the deceased from affile 13 1920 to affile 24, 1920, that I last saw here alive on affected 24, 1920,
7 AGE      If LESS than	and that death occurred on the date stated above, at 10 30 mm.
53 yrs. 3 mos. / 7 ds. or min.?	
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	6
which employed or (employer)	(Duration) vrs 5 mos ds.
9 BIRTHPLASE (State or country) Berlin Md.	Contributory (and the Contributory Secondary (Durstion) yrs mos de
FATHER John Paul Tangle	(Signed) J. Allina M. D.
OF FATHER  (State or country)	*State the listase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother 20 thanks a. Timele	Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER  13 BIRTHPLACE	ients or Recent Residents)  At place In the of deathyrsmosds.
(State or Country)	Where was disease contracted,
(Informant) M. ar Wa (I. Heller	if not at place of dea h?  Former or usual residence
(Address) 404 W. Joseph Rd.	DATE OF BURIAL OR REMOVAL DATE OF BURIAL CALL 19 3
15 File april 24 100 What Butter och	20 UN DERTAKER LADDRESS
	r, 16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ci fulness of various pursuits can be known. The quoscupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Housewhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a For many occupations a single word or term on yrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar preumonia, Bronchopneumonia ("Pneumonia,"

> atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Enhaustion," "Heart failure," "Themorrhage," "Inantition," "Marasmus," "Old Age," "Shock," st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as accidental, suicidal or Homicidal, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



7	COR	EXAC ly clare
MARGIN RESERVED FOR BINDING	WRITE AINLY, WITH UNFADING INKTHIS IS A PERMANENT COR	Every Item of Information should be carefully supplied. ACE should be stated EXAC CIANS should state CAUSE OF DEATH In plain terms so that It may be properly clast statement of OCCUPATION is very important. See instructions on back of certificate

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (if death occurred in a hospital or institu-tion, give its NAME I: -Ward) stead of street and **2FULL NAME** number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, WIDOWED. OR DIVORCED (Write the word) I HEREBY CERTIFY, That I attanded the deceased from 6 DATE OF BIRTH (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at ... I day hrs. The CAUSE OF DEATH \* was as follows: ds. or min.? mos 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in .(Durstion) .... which employed or (employer) Contributory 9 BIRTHPLACE Sacondary (State or country) 10 NAME OF (Signed) FATHER (Address) .. 11 BIRTHPLACE ហ OF FATHER \*State the Discase Causing Death, or, in deaths from RENT state (1) Mcans of Injury and (2) Whether Violent Causes, (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 OF MOTHER iants or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death (State or Country) Where was disease contracted, if not at place of dea.h?. 14 THE ABOVE IS TRUE Former or usual residence. (Informant) DATE OF BURIAL (Address ADDRESS 15 Filed Registrar If more bianks are needed, addre.s tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, worked on may form part of the second statement. Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis Examples: Accidental drowning; Struck by railway train-American Medical Association.) peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY . (name origin; "Cancer" is less definite; avoid cough; intercurrent) affection need Chronic etc. The contributory valvular heart Nomenclature of the disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Fxact	1PLACE OF DEATH County Baltimore	14678 STATE OF MARYLAND CERTIFICATE OF DEATH
EXACTLY, P.y. or classifled.	County	(43) Registration Dist. No. 45
	Village or City Roley (No No Bee	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
oper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
y be prack of	Male While Single, Married, Widowed, OR DIVORCED (Write the word)	16 DATE OF DEATH Sec 28 , 1930 (Month) (Day) (Year)
SE should nat it ma ons on ba	6 DATE OF BIRTH  Ohr 2 , 1354  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  May 28 1970. to Dec 28 1970, that I last saw here alive on
upplied. ACE terms so tha ee instruction	7 AGE    If LESS than   day hrs.   or min.?	and that death occurred on the date stated above, at 6
BEvery item of information should be carefully CIANS should state CAUSE OF DEATH in pla statement of OCCUPATION is very important.	particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted, if not at place of death?  Former or usual residence
	(Address) Relay Most Filed Dec 30 19230 Garage Regarder	20 UNDERTAKER  ADDRESS  ADDRES
z	If more bianks are needed, address State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

24 × 1

(Approved by U. S. Census and American Public Health Association.)

er," etc., sary to know (a) the kind of work and also (b) the state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, Statement of Occupation-Precise statement of ocfirst line will be sufficient, e. g., Farmer or Planter, Foreman, (b) For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation Automobile factory. The material Laborer-Coal mine, etc. Wom-(d) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrophing fever (the only definite synonym is "Epidemic cetebrophinal meningitis"); Diphtheria (avoid use of "Croup") spinal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of approved by Committee on Nomenclature of the American Medical Association.) diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menteldnus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), as fracture of skull, and consequences (e.g., sepsis, State cause for which surgical operation was undercan be ascertained as the cause. "Exhaustion," Examples: Accidental drowning; Struck by railway train-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJURY cough; ngenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," Chronic valvular heart discase; etc. The contributory Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is experimently filed

BAU

HYSI-Exact

	PLACE	of DEA	TH .	ne	
Villa	age or City	Red	gen	(No	
		LL NAME	12	luc	uno
	PERSO	NAL AND	STATIST	CAL PART	ICULARS
35	201	4 COLOR	OR RACE	5 MARRIED, MARRIED, ANDOWED OR DIVOR (Write the V	CED
6 D	ATE OF BIR	TH _	7	14	
		·	(C. onth	(Day)	, 1932 (Year
7 A	GE	vr	8.	mos.	If LESS tha
) (b	usiness, or e	nature of in establishmen yed or (emp	t in	Can	Z,
	10 NAME (		nno	all	ers
STN	11 BIRTHP		Tu	1	
PARE	12 MAIDER	1/1	elli	e Ba	ues
	13 BIRTHE OF MOT (State		Tu	d	
14	THE ABOVE	IS TRUE T	O THE BES	T OF MY KN	OWLEDGE
	(Informan	6	y I	res	2
(2354H	The same	1-10	nu	h	V.11

#### 05270 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward)

(If death occurred in a hospital or institu-

NAME Mucuno	stead of street and number.)
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 MINGLE, MARRIED, ANDOWED. (R. DIVORCED (Waise the worl)	16 DATE OF DEATH / / / (Month) (Day) (Year)
May 17 1930	that I last saw h alive on 192 192 192 192 192 192 192 192 192 192
(Mg/hth) (Day) (Year   If LESS than   day hrs.	and that death occured on the date stated above, at
ession or of work	
blishment in cr (employer)	(Duration)yrs mrs ds.
George a Gress	(Signed) Signed (Address) (Signed) (Signed) (Address)
Country) JUJ	*State the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
ce Delle Dares ountry) Med	18 LENGTH OF RESIDENCE (For tiospitals, Institutions, Trans- ients or Recent Residents)  At place of death yrs
TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or usual residence
Blechfuldan.	Moderates Date of BURIAL OR REMOVAL May 19, 130.  20 UNDERTAKER ADDRESS
If more banks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: additional line is provided for the latter statement it nature of the business or industry, and therefore an tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very im cortant, so that the relative health or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enplayed, as At school, or At home. Care should be taken desinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return 'Laborer,'" 'Foreman," 'Manager," 'Dealsary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, et . But in many the first line will be sufficient, e.g., Farmer or Planter, Statement of Occupation Precise statement of oc-Housemaid, etc. If the occupation has been changed Physicien, whatever, write None. Foreman, For many occupations a single word or term on or At Home, and children, Farm laborer, (b) Cotton mill; (a) Salesman. without more precise specification as Day Com vasitor. (b) (a) tic kind of work and also (b) Automobile Arch."cd, Laborerfactory. The muterial -Coul mine, etc. Locomoline engineer, not gainfully em-(4) Greecery;

Statement of Cause of Death—Name, first, the Drs. EASE CAUSING DEATH thep impry affection with respect to time and causation, using always the same accepted term for the same directe. Enamples: Cochrospinol fever (the only definite syndom is "Epidemic cerabrospinal mentalities"); Diphtheria avoid use of "Croup" spinal mentalities"); Diphtheria avoid use of "Croup" I uphoid lower (never report "Typhoid Pneumonia.")

"(Exhaustion," "Heart range," "Old Age," "Shock," "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Mausles; inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of ....... (name origin; "Cancer" is less definite; avoid American Medical Association. approved by (Recommendations on statement of cause of death as fracture of skull, and consequences e.g., se. \*\*s, telanus) may be stated under the head of "contributory" carbolic acid—probably sweide. accident; Revolver wound of head-homicide; Poiso ed by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOWICH OAL, State cause for which surgical operation was under-". PUERPERAL septicaemia," "PUERPERAL peritonitis, discases resulting from childbirth or miscarriage as can be ascertained as the cause. "Debility" eausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY ("Congenital," "Senile," etc.), "Dropsy, ion," "Heart failure," "Haemorrhage, Committee on Chronic valvular heart disease; Example: Measles (disease etc. The contributory The nature of the inglity, Nomenclature of the Always qualify all

S. No. 0

PLACE OF DEATH	C 06465 STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH
The state of the s	(9A) () 2
1. > '20	Registration Dist. No.
Village or City Ownyshulls (No)  2FULL NAME Clarence Workers	or ward (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2 SEY A SOLOD OD DI CE I SINGLE	
Wale White MARRIED, WIDOWED. OR DIVORCED (Write the word)	Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
march 23 1908	Sept 27 1925. to June 10, 1930
(Month) (Day) (Year)	that I last saw hark alive on June 9, 1930,
7 AGE   If LESS than	
22 2- 10 day hrs.	The CAUSE OF DEATH # was as follows:
22 yrs. 2 mos. 18 ds. or min.?	······································
6 OCCUPATION (a) Trade, profession or Immale	despathic Epilepsy
particular kind of work  (b) General nature of industry Rosewood State	
business, or establishment in There is Selection	(Durstion) 2.7 yrs. 2 mos 18 ds.
which employed or (employer) Ocerney milley hel	Contributory Spileptic Convolutions
9 BIRTHPLACE (State or country) Vrostburg Wed.	Secondary (Duration) Injuredicate de.
10 NAME OF	(Signed) George C. Welary M.D.
HI BURTHELL ACE	June 10 1930 (Address) Ourses mills, Int.
OF FATHER (State or country) Vrostburg Jul.	*State the lis aso Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Estella Workman	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Prostburg, Jud.	ients or Recent Residents)  At place # yrs. 8 mos. # ds. in the 22 yrs. 2 mos. / 8 ds.
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF M KNOWLEDGE	Where was disesse contracted, Confered
1.10 1.10 Table 1.10 T	Former or y +10
(Informant) Institutional Records Record State , saining	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) School oning mills, Int.	Fresting md Jame 12,000
Filed Jule 10 19220 H. M. Slade - Registras	20 VNDERVAKER ADDRESS ADDRESS
If more banks are needed, address ttate Registral	r, 16 W. Saraioga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm loborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salcsmon. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook. Piysicium, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on without more precise specification as Stationary firemon, etc. But in many For persons who have no occupation (b) Automobile foctory. The material (2) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"(Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, can be ascertained as the cause. Always qualify all Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS state MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The Nomenclature of the contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH .	179 STATE OF MARYLAND
County Dalling	CERTIFICATE OF DEATH
1	Registration Dist. No.
Village or City Colesate (No. 523 /or	The Part Pel
2FULL NAME Clara Way	Ward) a hospital or institu- tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jeune Hute Single,  MARIED.  William Briefle.  William Briefle.  William Briefle.  Write the word	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h Walive on 1929.
	and that death occurred on the date stated above, at \$204 m.
/5/1 & /~ I dayhrs.	The CAUSE OF DEATH * was as follows:
Olfrs. 6 moa. 3 ds. or min.?	
(a) Trade, profession or House wiff	Whatis Melatis
(b) General nature of industry	0 z
which employed or (employer)	(Duration) yrs. mos. de.
9 BIRTHPLACE (State or country) Waresland.	Contributory Secondary  (Durstion) 778 nios ds.
10 NAME OF FATHALICE AND L. Baby love	(Signed) M. D. M. D. M. D. 192 MAddress) 3233 M. D.
OF FATHER  (State or country) Mary laved.	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Meana of Injury and (2) Whether Accidental, Suicidal or Homicidal.
a of Mother there to leagh	B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
(Informant) Nichord W. Freues	Former or usual residence
(Address) 517 M. Mourge St.	Meadow banch Cey Jaw. 8. 1930
Filed // 3/3/2 / Mloarum Registras	20 UNDERTAKER Soul Dlust lit
If more banks are needed, address ttate Kegistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healther," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Spinner, additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nner, (b) Cotton mill; (a) Salesman, (b) Grocery.
Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Compositor, Architect, Locomotive engineer, neer, Stationary fireman, etc. But in many specifically the occupations of persons en-For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease (Recommendations on state on cause of death "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Ilaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury. or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, Whooping cough; American Medical Association Examples: Accidental drowning; Struck by railway trainapproved by "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS state MEANS OF INJULY Committee on Chronic valvular heart disease; etc. The contributory omeaclature of the

cause of death cause of death in the cause of death in the cartificate is looked over the oughly and all questions answered in detail, it will be went further our especially experiments and must be abunded before the certificate is permanently fled.

BINDING

FOR

MARGIN RESERVED

PLACE OF DEATH	05271 STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH
Of.	Registration Dist. No.
Village or City V Mocning (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Level White Single WHOWED OR DIVORDED (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	
Sept 22, 1854	that I last saw h, alive on, 192
(Month) (Day) (Year)	and that death occurred on the date stated above, at
7.7 yrs. 8 mos. ds or min.?	The CAUSE OF DEATH A was as follows:
\$ OCCUPATION (a) Trade, profession or //	nortual calies.
particular kind of work Trust Music	arteriorsclorosis. Culsor.
(b) General nature of industry business, or establishment in	(Duration)yremosde.
9 BIRTHPLACE (State or country) Latter C.	Centributory Javalysis.
10 NAME OF FATHER Communel Grism	(scanory (1) Benson
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  4 1 7 7	State the Disease Causing Death, or, an deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal Letting at Correct
of MOTHER Ruth a. Bowen	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos da. State, yrs mos da.
II THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) My Thos Hund	Former or usual residence.
(Address) I horning	19 PLACE OF BURIAL OR KENOVAL BATE OF BURIAL
Filed May 24 193 D B B Berry MD	20 UNDERTAKER  On C Bursh & Sparks Well
U mere blanks are needed, address State Registrar.	18 W. Saratoga St., Balto., Requesting V. S No. 1.

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(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it r ture of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthen at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House er," etc., without more precise specification as Day state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook to report specifically the occ. pations of persons enwork, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a whatever, write None. :./ed 6 Wrs.). For persons who have no occupation usiness, that fact may be indicated thus: Farmer (re-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on

ed term for the same disease. Examples: Cerebrospinal to time and causation), using aiways the same accept EASE CAUSING DEATH (the primary affection with respect fever (the only definite synonym is "Epidemic cerebro-Typhoid fever (never report "Typhoid pneumonia"); spinal meningitis"); Diphtheria (avoid use of "Croup"); Statement of Cause of Death-Name, first, the pis pneumonia, Bronchopneumonia ("Pneumonia."

ence. All the data is essential and the certificate is permanently filed.

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before

symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid myes, peritonacum, etc., Caroinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men quences (e. g., sepsis, tetanus) may be stated under the rhage," "Inanition." "Marasmus," "Old Age." "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular head of "contributory." (Recommendations on stateand qualify as accidental, suicidal, or Homicidal, of taken. For violent deaths state means of injuny State cause for which surgical operation was under-"Puerperal sopticuemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and conse-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. Poisoned by carbolic acid-probably sulcide. The na-If this certificate is looked over thoroughly and all ques--acodent; Revolver wound of head-homicide; "Debility" ("Congenital," "Senile," etc.), Example: Meastes (disease heart disease; (second-

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death a hospital or institution, give its NAME innumber.) stated PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 4 COLOR OR RACE BINDING WIDOWED OR-DIVORCED (Write the word (Month) (Day) -I HERBBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH (Month) (Day) (Year) C If LESS than 7 AGE and that death occurred on the date stated above, at The CAUSE OF DEATH \* Was as follows: polied terms 8 OCCUPATION N > (a) Trade, profession or 8 E S particular kind of work pia (b) General nature of industry business, or establishment in which employed or (employer) 2 Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) V DO 31 0 (O lu OF FATHER \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether PO Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-State ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER State yrs ..... mos... yrs......ds. (State or Country) 00 Where was disease contracted, Every item of CIANS should statement of if not at place of death? Former or DATE OF BURIAL If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scroot, Cook ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. cupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reen at home, who are engaged in the duties of the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter. Statement of Occupation-Precise statement of oc-Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of etc., Foremon, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm laborer, Loborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salcsman, without more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material (6) Grocery,

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria. (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicuonia," "PUERPERAL perstonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease stited unless important. Example: Measles (disease as fracture of skull, and consequences 'e g., sepsis, carbolic acid-probably suicide. The in ture of the injury, accident; Revolver wound of head-homicide; Poisoned by use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondar/ or intercurrent) affection need Chronic interstitiol nephritis, Whooping cough; "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiname origin; "Cancer" is less definite; avoid Chronic etc. The contributory volvular heart discose, not be

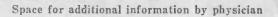
If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is elsential and must be obtained before the certificate is permanently filed.

A stillbirth must be registered both as a birth and death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As example: (a) Spinner, (b) Cotton mill. (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day Laborer, Farm Laborer, Laborer-Coal mine etc. Women at home who are engaged in the duties of the household only (not paid Housekcepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of lliness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever write None.

Statement of cause of death.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever. (the

only definite synonym is "Epidemic cerebrospinal menitagitis"); Diphtheria (avoid use of "Croup") Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia: Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc., caroinoma, Sarcoma, etc., of ......(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms): . Measles, Whooping cough, Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example. Measles (disease causing death), 29 ds; Bronchopneumonia (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia," (mereiy symtomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc), "Dropsy," "Exhaustion," "Heart failure." "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septichaemia" "PUERPERAL peritionitis." etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken, FOR VIOLENT DEATHS state MEANS of INJURY and qualify as ACCIDENTAL. SUICIDAL, or HOMICIDAL, or as probably such if impossible to determine definitely. Exampies: Accidental drowning; Struck by railway train-accident; Revolver wound of head-Homicide; Poisoned by carbolic acid-Probably suicide. The nature of the injury, as fracture of skuil, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory."







V. S. No. 1

N. B.

PLACE OF DEATH	STATE OF MARYLAND
County Balle-	CERTIFICATE OF DEATH
1	4
	Registration Dist. No. 03
Village or City/W/MUCM (No.	St.: Ward) (If death occurred in a hospital or institu
I have to de	tion, give its NAME in stead of street and
2 FULL NAME MAY GAUL & GNO	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
WIDOWED.	Jay 1930
Finall While (Write the word)	(Moath) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That Lattended the deceased from
(Mail 13 1883	1001/01 1929 19 Jan / 7 188
(Month) (Day) (Year)	that I last saw her alive on Jan 1925.
7 AGE	1
l day hrs	
4 4 yrs. mos. / ds. or min.	Carring of Stomach
8 OCCUPATION	) or page 1
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
Ousiness, or establishment in which employed or (employer)	(Duration) yrs 2 mos ds
9 BIRTHPLACE A -/	Contributory Secondary
(State or country)	
10 NAME OF Q	1 Charles S
FATHER CLOSE OF TIMELA	(Signed) M. D. M. D.
O 11 BIRTHPLACE	Jan By 1929 (Address) Wittersturky
OF FATHER (State or country) Monyland	*State the Disease Causing Death, or, in deaths from
W 12 MAIDEN NAME	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER MACINITY Mc. Pearly	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or Country) Dall Co MU	At place In the of deathyrsmosds. Stateyrsds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
THE ABOVE IS TRUE TO THE BEST OF MIT KNOWLEDGE	Former or
(Informant) Mrs Wharles Shoylan	usual residence
allered hard	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) JUYMIM IN O	all burns lensty fan 4 = 10 30
15 mil 2 miles Har Alan	20 UNDERTAKER RUMLINGE LADDRESS
Filed aw 3 = 1920 M.M. Registrar	11 to Colore Reselvatour 14 Ct
If more branks are needed, address State Registra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
as such purine der money andress printe avgrates	

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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Loborer-Coal minc, etc. Women at home, who are engaged in the duties of the er," etc., Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Furmer (reto report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on man, (b) Automobile factory. The material without more precise specification as Doy For persons who have no occupation Stotionary fireman, etc. But in many

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphull fever (the only definite synonym is "Epidemic cerebrosphul meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicoemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Deblity" ("Congenital," "Senilc," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic valvulor heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, perilonocum, etc., Carcinomo, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

V. S. No. 1

PLACE OF DEATH	UZ626 STATE OF MARYLAND
County Dullinoit	CERTIFICATE OF DEATH
Village or Citally a Cit-Ro. mol	Registration Dist. No.
2FULL NAME John P. Tr	Ward)  (If deeth occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIS WEB. WEB SON OF THE WORLD WELL WELL OF THE WORLD WELL OF	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the decessed from 1920 to 1920.
7 AGE  7 AGE  yrs. Smos. 6 ds. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * wes as follows:
a) Trade, profession or particular kind of work  (b) General nature of industry	Selatation of Hear
business, or establishment in which employed or (employer)	Contributory From Sacrety The Lebels
State or country August 10 PAME OF FATHER (OLISH) STONE	(Signed) (Durstion) 778 mos ds.
State or country / Ary Acce	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at plece of dee.h?
(Address) Eller of City Med	St. Juis Cu, July 11, 1930
Filed of 193, Registrar	Easton Sons Ellies City
If more bianks are needed, address State Registrar	, 16 W. Seratoga St., Balto., Requesting V. S. No. I.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b). Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material tired 6 gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more process of the laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

stated unless important. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be ss important. Example: *Measles* (disease valvular heart disease; etc. The contributory Measles ;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No.

	PLACE OF DEATH	06466 STATE OF MARYLAND
Cou	inty Botto	CERTIFICATE OF DEATH
1		Registration Dist. No. 42
Village	e or City hansdown (No. 21	Thazel ave St.: Ward) a hospital or institu-
	2 FULL NAME Ethel K. gru	tion, give its NAME is stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Fly	White Single, Married, Wildowed. Single (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DAT	May 23 , 1912 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1928 to ferre 4, 1920, that I last saw hereal and process of the saw hereal and the saw her
7 AGE	If LESS than	and that death occurred on the date stated above, at 900 4m.
	/8 yrs. 0 mos. 12 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 occ	UPATION	Miles of respect
(a) T	rade, profession or cular kind of work	
(b) C	General nature of industry	
	ness, or establishment in h employed or (employer)	(Duration) yrs. mos. ds.
9 BIRT	HPLACE VI A	Contributory Secondary
(S	tate or country) Dalto, Md.	(Duration) yrs mos ds.
	NAME OF Charles C. Gruss	(Signed) J. Shew. Drugeto M.D.
U)	BIRTHPLACE OF FATHER  P.	(Address)
EN	(State or country) 4mm. 9.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
01 12	of Mother Mary ackerman)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	BIRTHPLACE OF MOTHER (State of Country)	At place of deathyrsmosds.
14 THE	ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of death?
	( Phase P House ( f. +1)	Former or usual residence
(1)	nformant) Mus. C. (June Sames)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) handowns	Cedar Hill Cem. June 6, 1930
15 File	James 1937 Cepartielle	20 UNDERTAKER A- AI ALA
- 110	Refistrar	Margarel D. Tynn 142 Tight &
/	If more blanks are needed, address State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. I.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Sminner (b) Colton mill; (a) Salesman, (b) Grocery; tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Sorvant, Cook work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None .. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inamition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopncumonia (secondary). approved by Committee on Nomenclature carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of lclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS STATE MEANS OF INJULY "Atrophy," "Collapse," "Coma," perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi (name origin; "Cancer" is less definite; avoid or intercurrent) Chronic valvular heart disease; affection need not be etc. The contributory ," "Convulsions,

If this bertificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

20

PLACE OF DEATH

County Ballerinore EXACTLY ly classified of certific be stated be properly PERMANENT BINDING it may be should should be carefully suppressing CF DEATH in plain terms so that it is of DEATH in plain terms so that it is one important. See instructions FOR V UNFADING INK--THIS MARGIN RESERVED Every item of information s CIANS should state CAUSI statement of OCCUPATION (Address)

15

Vil	lage or City	Les	nda	ek	(No	80
	²FUI	LL NAME.		tes	Il M	rich
	PERSON	AL AND	STATIST	CAL	PARTICU	JLARS
3 9	Male	4 COLOR	OR RACE	WIL	GLE, RRIED, IOWED, DIVORCED to the word	; Singl
6 [	DATE OF BIR	тн				1
			Dec		6	1938
			(Month)		(Day)	(Year)
7 4	GE	yrs		mos.	d•	If LESS than
	a) Trade, pro articular kind b) General ne usiness, or en which employ	d of work ature of inc stablishmen	t in	>	2000	
9 E	(State or cou	intry)	Dec		da	eb
	10 NAME O	1	nice		0	the
RENTS	11 BIRTHPL OF FATH (State or		0	2	d	
PARE	12 MAIDEN OF MOTH		len c	Iren	u S	hipley
	13 BIRTHPL OF MOTH (State or		13	al	Treco	re
14	THE ABOVE	S TRUE TO	THE BEST	OF M	Y KNOWL	EDGE
	(Informant	Mai	unice,	1.	Вис	tlee

Broads he

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

16 DATE OF DEATH	Dec	6	, 1923 0
***************************************	(Month)	(Day)	(Year)
	RTIFY, That I a		leceased fro
that I last saw h		orn	, 192
and that death occurred	on the date stat	ed above, at	1/2
The CAUSE OF DEATH			
Contributory Secondary	(Duration)	yrs.	mosd
(Figned). Alc 6 1930(	(Duration) (LW) Address) Mm	Tever	mos
*State the Diseas Violent Causes, state Accidental, Suicidal or I	se Causing Deat (1) Means of Homicidal.	h, or, in de Injury and (	eaths from 2) Whether
18 LENGTH OF RESID		pitals, Institu	itions, Trar
At place of deathyrsmos.	ds, In t	he tateyrs	mes,
Where was disease contracte if not at place of death?			
Former or usual residence			
19 PLACE OF BURIAL O	n	DATE O	F BURIAL

MEDICAL CERTIFICATE OF DEATH

Registrar

20 UNDERTAKER

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Spinner, (b) Colton mill; (a) Salesman, (b) Physician, Compositor, Architect, en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, whatever, write None. business, that fact may be indicated thus; Farmer (re Housemaid, etc. Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womyrs). For persons who have no occupation without more precise specification as Day (b) Automobile foctory. The material If the occupation has been changed Locomotive engineer, Grocery,

spinal meningitis"); Diphtheria avoid use of "Croup ed term for the same disease. Examples: Cerebrospidal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIF Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerchipneumonia, Bronchopneumonia ("Pneumonia,

> stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary approved "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," Whooping cough; telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n. ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by roilway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-(Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of interstitial nephritis, FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as by Committee on or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory Nomenclature of the

answered in detail, it will prevent further correspondence. date is essential and must be obtained before the permanently filed essential and must be obtained before the certificate is certificate is looked over thoroughly and al questions

V. S. No. 1

N. B.

	PLACE OF DEATH	STATE OF MARYLAND
	County Ballo	08966 CERTIFICATE OF DEATH
	of ,	Registration Dist. No. 37
	Village or City (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
	2FULL NAME USER STATE OF THE ST	number.)
3	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
200	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH ONGUN 15, 19230
2	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	Markan - 1	19/4 to 014 75 , 19230
	(Month) (Day) (Year) 7 AGE   If LESS than	that I last saw h Ma alive on 1923
3 3 3	I dayhrs.	and that death occurred on the date stated above, at
	yrsds. ormin.?  B OCCUPATION (a) Trade, profession or	asterio Schem
1	particular kind of work  (b) General nature of industry	Chinic ntypteters
7	business, or establishment in which employed or (employer)	(Durstion) yrs. mos ds.
	9 BIRTHPLACE (State or country)	Contributory Secondary
	10 NAME OF FATHER	(Signed) M, D.
	U 11 BIRTHPLACE	ary 16 1920 (Address) Cuffeefalls
	Z (State or country)	*State the Discase Causing Death, or, in doaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) alustime Record	Former or usual residence
	(Address) Juan	algan Home Comely Date of Burial Ougle, 1930
	Filed Output 1923 D BB Bern MI	20 UNDERTAKER BUNKS STRAKER
	If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housetired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, to report specifically the occupations of persons enen at home, who are engaged in the duties of the worked on may form part of the second statement. borer, Farm laborer, Laborer—Coal minc, etc. Wom-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Compositor, Architect, Locomotive engineer, stationary fireman, etc. But in many For persons who have no occupation (b) Automobile factory. The material The ques-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart range," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify ali "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; Chronic valvular heart disease; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menetc. The contributory

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BUREAU

(Approved by U. S. Census and American Fublic Health Association.)

laborer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cont., Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken whatever, write None. For many occupations a single word or term on Farm laborer, Liborer—Coul minc, etc. Womyrs). For persons who have no occupation Compositor, Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same dise-se. Examples: Cerebrost first fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Dinktheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Haemorrhage, st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Mcasles; ...... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "E haustion," "Heart tailure, macuninage, "Shock," "Old Age, " "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Chronic interstitial nephritis, approved by Committee on Nomenclature of the Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HONICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) "Atrophy," "Collapse," "Com2," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory affection need not be valvular heart disease,

If this certificate is looked over thoroughly and all questions apaweled in detail, it will prevent further correspondence. All the that is essential and must be obtained before the certificate is permanently filed.

NO

#### STATE OF MARYLAND CERTIFICATE OF DEATH

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	к.	- 8	*	и	

County	Registration Dist, No. 98
Village of City America (No. 619  2FULL NAME Mass Anniel Elizabet	Murdock Rd Ward) (If death occurred in a hospitel or institu- tion, give its NAME in
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, OR-DAYORCED (Write the word)	16 DATE OF DEATH  16 DATE OF DEATH  1930 (Month) 14 (Day) 1930 (Year)
6 DATE OF BIRTH    March 25 , 1856   (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from November 1928 to June 14 , 1920, that I last saw handled on June 14 , 1920,
7 AGE   If LESS than I day 10 hrs.   14 yrs.   21 mos.   19 ds. or 5 min.?	The CAUSE OF DEATH * was as follows:
a OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 71 yrs. 7 mos ds.  Contributory Pulmonary Edennas
9 BIRTHPLACE (State or country) Pocomokes, Miss.  10 NAME OF FATHER	Secondary (Duration) yrs. mos 1 flow (Signed) M. D.
of FATHER (State or country)  Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Many Annu Stevens  13 BIRTHPLACE OF MOTHER (State or Country)  Manyland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deethyrsmosds.  Where was disease contracted.
(Informant) John L. Knipk  (Address) 2707 Alludale Ra	Former or usual residence.  Deplace of Burial of Removal Date of Burial.  Drund Udge Cing Cure /6, 19 31
15 Filed June 15 1930 ffte Butter Dep	30 MARTINET LI (M) THE SOLL

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

No. 1 ož WRITE

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Filed June 15

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Solesman. additional line is provided for the latter statement; it sary to know the first line will be sufficient, e. g., Farmer ar Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Hame, and children, not gainfully emdefinite salary), may be entered as Housewife, Hausehousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrumt, Cook, to report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Farm loborer, Laboreryrs). without more precise specification as Day For persons who have no occupation (b) Automobile foctory. The material (a) the kind of work and also (b) the -Coal mine, etc. Wom-(b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Labar pneumonia, Branchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcama, etc., of ...... (name origin; "Cancer" is less definite; avoid or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, Whaoping caugh; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved carbolic acid-prabably suicide. The n.ture of the injury, occident; Revolver wound of head-homicide; Poisoned by American Medical Association.) (Recommendations on statement of cause of death (etanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-Never report mere symptoms or terminal condideath), 29 ds.; Branchapneumonia (secondary), FOR VIOLENT DEATHS State MEANS OF INJURY Committee on Nomenclature Chronic Example: Measles (disease etc. The contributory affection need valvular heart "Haemorrhage, Measles ; disease; not be

If this certificate is look over thoroughly and all questions answered in detail, it will prepent the office pondence. All the data is essential and must be stained before the certificate is permanently filed

A. 8. 1930

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PLACE OF DEATH	02627 STATE OF MARYLAND
County Beltinge	90 CERTIFICATE OF DEATH
	Registration Disa No. 10 34
Village or City Montel (No	St.: Ward) (If death occurred in a hospit I or Institution, give its NAME istend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 3 - 18 11020
(Month) (Day) (Year)  7 AGE    Wrs.   Smos.   24 ds.   or min.?	17 I HEREBY CERTIFY, That I attended the deceased from  1920, to many / 1920  that I last saw h LA alive on manch / 1920  and that death occurred on the date stated above, at 2 Pm.
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAN.E OF MOTHER  13 BIRTHPLACE OF MOTHER  14 CONTROL OF COUNTRY  14 CONTROL OF COUNTRY  15 BIRTHPLACE OF MOTHER  16 CONTROL OF COUNTRY  17 DESCRIPTION OF COUNTRY  18 DIRTHPLACE OF MOTHER  19 DIRTHPLACE OF MOTHER  19 DIRTHPLACE OF MOTHER  10 NAME OF FATHER  Cyohn H. Samies  11 BIRTHPLACE OF MOTHER  12 DIRTHPLACE OF MOTHER  13 DIRTHPLACE OF MOTHER  14 DIRTHPLACE OF MOTHER  15 DIRTHPLACE OF MOTHER  16 DIRTHPLACE OF MOTHER  17 DIRTHPLACE OF MOTHER  18 DIRTHPLACE OF MOTHER  19 DIRTHPLACE OF MOTHER  19 DIRTHPLACE OF MOTHER  10 DIRTHPLACE OF MOTHER  11 DIRTHPLACE OF MOTHER  11 DIRTHPLACE OF MOTHER  12 DIRTHPLACE OF MOTHER  13 DIRTHPLACE OF MOTHER  15 DIRTHPLACE OF MOTHER  16 DIRTHPLACE OF MOTHER  17 DIRTHPLACE OF MOTHER  18 DIRTHPLACE OF MOTHER  19 DIRTHPLACE OF M	(Signed)
(State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant M. alesa Gullie  (Address) Mundle Md.  15 Filed Mar 19 1980 Francis Of Blake	Where was disease contracted, if not at place of deah?  Former or usual residence  19 PLACE, OF BURIAL OR REMOVAL  DATE OF BURIAL  Lynnicalus Circular  20 UNDERTAKER  ADDRESS
If more bianks are needed, address State Registrar	16 W. Saratoga St., Balto, Requesting V. S. No.1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesmon. (h) Grocery; (o) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; i sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation -- Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook Housemaid, etc. If the occupation has been changed definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. whatever, write Nonc. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, worked on may form part of the second statement. " etc., without more precise specification as Doy or At Home, and children, not gainfully em-For many occupations a For persons who have no occupation If the occupation has been changed single word or term on The ques-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospilal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria avoid use of "Croup"); Typhoid fever inever report "Typhoid Pneumonia,"; Lobar pneumonia, Branchopneumonia ("Pneumonia,")

causing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., (Recommendations on statement of cause of tolonus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL scpticacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Hear "Old Age, "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nophritis, cough; or intercurrent) affection need not be Chronic valvular heart disease; Carcinomu, Sarcoma, etc., of etc. The contributory " Shock," Measles; death

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S No

PLACE OF DEATH County Bulling or	03986 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 3 9
Village or City worldench (No	St.: Ward) (If death occurred is a hospital or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR OIVORCED (Write the word)	16 DATE OF OEATH Home 24, 1920.  (Month) (Day) (Year).
6 DATE OF BIRTH  May  (Month)  (Day)  (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 3 192 0. to Homel 24 192 0 that I last saw h man alive on April 24 192 0
7 AGE    If LESS that   day hrs   day hrs   day min.	The CAUSE OF DEATH * was as follows:
la) Trade, profession or carfender particular kind of work	Afther muffine
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. Symos. de
9 BIRTHPLACE (State or country) Balto, Country	Contributory Carllett Allatta
10 NAME OF FATHER Ohn Juy	(Signed) (Signed) (M. C. M. C.
State or country)  State or country)  State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Sarah Corbin	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trunsients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  (State or Country)	At place of death
(Informant) William & Yung	if not at pince of dee h?  Former or usual residence
AJD (Address) Jouson and	Provedence Ballie ofue 27, 198
15 Filed afiel 23 1990 A. F. Bulle Registral	20 UN OFRTAKER ADDRESS JULY Burns Surs Joreans
If more b.anks are needed, addre.s Ltate Registr.	ar, 16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more present above, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Collon mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ci cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Automobile factory. The material Locomotive engineer, (b) Grocery,

Streement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

BUREA

"Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E haustion," "Heart failure," "Haemorrhage," (Inanition," "Marasmus," "Old Age," "Shock," use of "Tumor" for malignant neoplasms); Measles; approved by Committee on (Recommendations on statement of cause of death tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicidc; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. (secondar/ or intercurrent) Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.Y resulting from childbirth or miscarriage as cough; Chronic Example: Measles (disease etc. The contributory affection need valvular heart disease; Nomenclature

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erms	so that	t it ma	y be properly clas	erms, so that it may be properly classified. Exact statement of	

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Important

Is very

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred to a hespitat or institution. give its NAME instead of street and number. ] PERSONAL AND STATISTICAL MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, WIDOWED OR DIVORCED (Write the word) REBY CERTIFY, That Lattended deceased from 6 DATE OF BIRTH (Day) (Month) 7 AGE If LESS than and that death occurred on the date stated above. 1 day, hrs. The CAUSE OF DEATH \* was as follows: OR min. ? OCCUPATION
(a) Trade, profession, er particular kied of work (b) General nature of industry business, or establishment in which employed (or employer' BIRTHPLACE (State or country) 10 NAME OF FATHER (Signad) PARENTS 11 BIRTHPLACE OF FATHER State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) Causes, state (1) Means of Injury; and (2) whether Accidental, 12 MAIDEN NAME SUICIDAL OF HOMICIDAL OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 19 BIRTHPLACE OF MOTHER (State or country At place le the of doub State. Where was disease seniracted. If not at place of death? Former or usuat residence 15 20 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Approved by U. S. Causus and American Public Realth Association.

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autowho receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. is provided for the latter statement; it should be used cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective ness of various pursuits can be known. The question -Coal mine, etc. Statement of Occupation-Precise statement of occupabile factory. The material worked on may form part the second statement. Never return "Laborer," For persons who have no occupation whatever very important, so that the relative healthful-Women at home, who are engaged in Never return "Laborer," If retired from of age.

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on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, tetanus) may be stated on statement of cause of death approved by Committee under the head of "Contributory." (Recommondations suicide. head-homicide; Poisoned SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths to determine definitely. Examples: Accidental drowning. "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Publipment septichaemia," cause. Always qualify all diseases resulting from childmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," hapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Brenrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. "Tumor" for malignant neoplasms); Meosles; Wheeping by railway train-accident; Revolver omicide; Poisoned by carbolic acid—probably
The nature of the injury, as fracture of skull, The contributory (secondary or intereur-Never report more ACCIDENTAL, to menom ("Con-

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